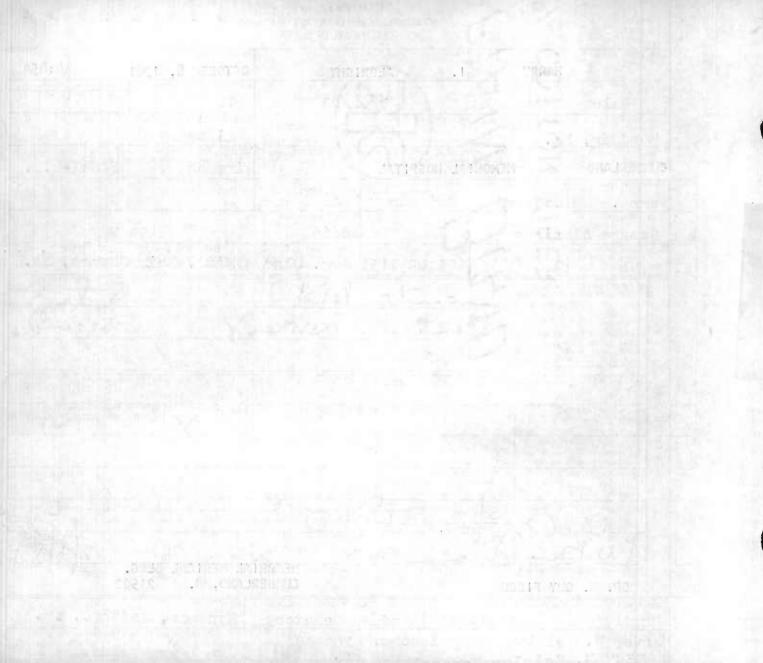
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210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH		CURRED (ENTER NATURALLY IN ITEM 18, PART 1 OR PART 2]	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	CITY OR JOWN COUNTY	STAT
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/ 単の 電視が発		22e. ADDRESS MEM	ORIAL MEDICAL BLDG.	9
	L 23b. DATE 2		CITY OR TOWNCOUNTY +	Pastat
urial	10/11/81 I ler Funeradores	Hyndman Cemeter	y Hyndman, Bedford,	
UiF	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 2220. I certify that (1) (this has sow in the did of	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 L certify that (1) (this haspital) attended the deceased from the control of the body after death. 221d. PHYSICIAN'S NAME (The control of the body after death.) 222d. PHYSICIAN'S NAME (The control of the body after death.) 222d. PHYSICIAN'S NAME (The control of the body after death.) 222d. PHYSICIAN'S NAME (The control of the body after death.) 222d. PHYSICIAN'S NAME (The control of the body after death.) 222d. PHYSICIAN'S NAME (The control of the body after death.) 222d. PHYSICIAN'S NAME (The control of the body after death.)	21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. ADDRESS MEM 22d. PHYSICIAN'S NAME DR. W. GUY FISCUS 23g. NAME OF CEMETERY OR CREMATOR (ECIPY) LT 121 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET 21l. LOCATION STREET 21l. LOCATION STREET 22l. ADDRESS MEM 22e. ADDRESS MEM CUMI 23g. NAME OF CEMETERY OR CREMATOR ECIPY LT 121 10/11/81 Hyndman Cemeter	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21a Certify that (I) (this hospital) attended the deceased fram 22a Certify that (I) (this hospital) attended the deceased fram 22b Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify that (I) (this hospital) attended the deceased fram 22c Certify (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from this (my) opinion death accurred an the date and hour and from



DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

I. DECEASED NAME

REGISTRAR

MILDRED

4 RACE

II.S.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

____, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

REG. NO 2n DATE OF DEATH 2b HOUR 2. 1981 2:20P

LEONA ARNOLD OCTOBER 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS White 10 1919 Ma.v BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ALLEGANY COUNTY. WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SACRED HEART HOSPITAL Housewife Home

ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 86. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Mineral Ridgelev Rt. 2. Box 562 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Edith John Evans Burgess ADDRESS

17 INFORMANT

(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-10-1741 Howard P. Arnold, Rt. 2, Box 562, Ridgeley, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BYcernix Conditions, if ony, which gove rise to immediate

166 SOCIAL SECURITY NO

couse (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX

710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L'OR PART 2 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

211 LOCATION

224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MEHANNA, JOHN M.D. 909-B SETON DR., CUMBERLAND, MD.21502

23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 236 DATE Greenspring Hampshire 10/5/81

Forest Glen Cemetery

Keith S. Shaffer

Burial

21e PLACE OF INJURY

SHAFFERS F.H., 230 E. MATN ST., ROMNEY

GOTOBER 2, 1881 22:20E MITDEEL TONY PARTIES ALLEGILY COLUMN, TATEL SACRED HART WORPTING SHAERERS E.H., 210 E. HAIN ST., ROPHEY, NW. 8-7-1981 Zhan Dan PERKU

inite lov. 15, ich anchatrif var affa ar o 60,00 rila elenn Steter elect-dago Era, Serma Van eter, Minturons, M. Consultation of the contract o SUPPLY THE STREET wint - ct. 1,100 to terran Comptons core Martitone, ii. . acarrolli, ben serland, id.

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1.	FOR - STATE	DEPART		EALTH AND MENTAL HY	GIENE O	hus	4	2 3
	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO			
	CEASED NAME FIRST	WIODLE		LAST	20. DATE OF DEATH		Y YEAR	26 HOUR
(TYP	E OR PRINTI				007077			
3. SE	HELEN	DELORES 4 RACE		BAKER DEBIRTH	OCTOBER	18, 198	UNDER 1 YEAR	b:30 PA
J JL			MONT	H DAY YEAR	B AGE INTERSTAST BIRT		INTHS DAYS	HOURS MIN.
	Female	White		. 21, 1935	46	YRS.		
/a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	COUNTYO	FDEATH	
	aryland	USA	WIDOWI		ALLEGAN	COUN	VTY	M
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	12b. KIND O	F BUSINESS OR
0	umberland	SACRED HEA		OSPITAL	Housewife		Own I	Home
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-	STATE 13b. COUN And All	(A.z., 1,, 7		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
-	ATHER'S NAME	egany Cumberl	and	YES NO X	Mexico	Farms	Route	e 4
		Mc Kenzie		FIRST	MIDDLE		LAS	ī
				Edna S				
160	(YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES		17 INFORMANT	ADDRE	SS		
	по	218-30-2	2324	Mr. Everett	Baker, Cumb	erland	. Md	Hus band
	18 CAUSE OF DEATH (Enter onle	y one couse per line far (o), (b), an	dicin	51.1	1			MATE INTERVAL
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	IMMEDIATE	E CAUSE 10) CONCUMO	2 A A COS	The second	110000	3	10	MICHEL
	1627	DUE TO, OR AS A CONSEQU	ENCE OF		9			
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10/	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
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AL	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	17	211. LOCATION				
X	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	STREET	CITY OR TOV	/N	COUNTY	STATE
	AT WORK AT WORK		- +		6 4		***	
		ol attended the deceased from	2 1 1	25,1981	, to GCT 17			that N (we) last
	sow the deceased alive on above, (I) (we) (did) (did not	view the hody after death	811,0	nd that in (my) (aur) opinion	death occurred on the da	te and hour a	nd Irom the	couses stated
	22b. SIGNATURE	1	~	DEGREE			22c. DATE	SIGNED
	tu m	de obje	MAI	ATTENDING _	MEDICAL STAF	-	10.2	181
	22d. PHYSICIAN'S NAME (TYPE OR	Sect As	ANG		DIRECTOR PHYSIC	ANU	1,1	. 0
	L. R. MILES	18' W.D.		22e ADDRESS				
	ANGEL ROOUE			48 BROADWA	Y. FROSTBL	IPG N	1D 21	530
23a E	BURIAL CREMATION REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	unity I'	10-61	114
	Burial			w Mem.Gardens	CITY OR TOWN	ATTA	COUNTY	STATE
_	UNERAL DIRECTOR	10000 51,1301		Om Gardens	, La Vale	TTE	gany, Mo	d e
29 F	DINE RAL DIRECTOR	108	VIRO	FINIA AVE	E KEC D. BY REGISTRAR	NA PROPERTY	PROPRIE	Parther

HOME; CUMBERLAND, MD 21502

DHMH - 16 50M 1/B (VRA 15, 4)

SCARPELLI FUNERAL

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5		1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	L HYGIEN	E 8 I	2.	4	7	5 8
			CEASED NAME	FIRST		MIDDLE	l	ST	20.	DATE OF DEATH		AY YEA	R 2b 1	HOUR
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Page 4 ma	9	3. SE	Female		1. RACE Whi	te	S DATE O	DAY YEAR		AGE (IN YEARS LAST BI	YRS.	ONIHS DA	EAR IF UI	NDER 24 HRS
deoth. Po	85		RTHPLACE (STATE OR I		u.	S. A.	WIDOWE			BALTIMORE CITY OF		OF DEATH	4	MD.
ofter the f d with	50	CU	MBERLAND	1	AIF NOT IN SUC	HEACILITY GIVE ST		AL		USUAL OCCUPAT	ION OF WORKING LIFE	INDUST	ID OF BUS	SINESS OR
and 24 hour filled in rould be	25	13a. S	AL RESIDENCE (IF NUR TATE W. Va.	Mine	other institution TY ral	130 CITY OR T Ridge	EFORE ADMISSION) OWN	134 INSIDE CITY LIMITS	TS? 13e	STREET ADDRESS	Along	St.	Rt.	# 28)
withir withir setely 12 sh	- Jaine	14. FA	THER'S NAME	N	NIDDLE	LAST		15. MOTHER'S MAIDEN	NNAME	WIDDLE			LAST	
make we sed w	18/		John		W.	Cross		Mary		E.			ee	
BALLIMOKE, MAKTLAND 2120 Gote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be file	Smedical	16a V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIALS	ECURITY NO.	17 INFORMANT Mrs. Delsi	e E.		P. O.		t. W.	Va. 26767
records, 201 W. PRESTON ST., I law requires that the death certific os been signed by the attending phermit. Then please remove carbon p	or Newton rygiene prior to bornot, cremation, or removal or them 18 shows any injury, or other troumatic event, t	MEDICAL CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to improve to improve (o), stofin underlying cause PART 2 OTHER SIGN S C 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	which nediote g the lost. NIFICANT CO	DUE TO, O (c) DUE TO, O (c) DUE TO, O (c) 19b COND 21b TIME O HOUR A P. 21e PLACE	R AS A CONSE R AS A CONSE DITION FOR WH OF INJURY M. MONTH M. 1	OUENCE OF QUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19	NOT RELATED TO THE 1 J WAS PERFORMED 21c HOW INJURY OC 21t LOCATION 21t LOCATION STREET		20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINITING CAU	T I I I I I I I I I I I I I I I I I I I	USED
TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR. Affishould be detached for use of should be detached for use of the statement of the s	MIN THE STORE DEPT. OF THE OTHER THE MIN THE M	23a E	AT WORK ON THE AT WOOD TO AT WOOD	THONY	ol) ottended th	e deceosed fro	JR	d that in (my) (our) opining EGREE ATTENDIN PHYSICIA 22e ADDRESS 95 CU METERY OR CREMATO	NG M AN ⊟ M 55 FI JMBEI	to	IST STRE	220. D/ 2 /	ate sign 1 6 e d 2 1 5 0	(i) we) lost es stoted
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James F. Scarpelli, Cumberland, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DAY

YES

name

COUNTY

22c DATE SIGNED

IF UNDER I YEAR

USTRY

2b HOUR

12b. KIND OF BUSINESS OR

Own Home

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

8:05P

IF UNDER 24 HRS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

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			EASED NAME FIRST	MIDDLE	LAST	REG. NO. 28 DATE OF DEATH MONTH DAY YEAR 26.			
	II.	TYPE	OR PRINT) BERN	IARD A. BRAN	NON	OCTOBER 15, 1981 1			
in	3.	SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF			
A III	V		Male	White	12 - 28 - 191	3 67			
	70	BIR C	THPLACE (STATE OR FOREIGN OUNTRY) D.C.	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY,			
5	10		or town of death Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEART	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BU			
13	£ 13	SUA 3a S	TATE 136 CQU	or other institution, give residence befor unity lacely or tow Midle		13e, STREET ADDRESS			
exemine!	0	FA	THER'S NAME William	MIDDLE Brann	15. MOTHER'S MAIDEN NA	MIDDLE Culhavie			
medico	160 WAS DECEASED EVER IN U.S. ARMED I (YES, NO OR UNKNOWN) (IF YES, GIVE WAR 18 CAUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED BY.			RMED FORCES? 166 SOCIAL SECU	URITY NO. 17. INFORMANT William Da	alton Midland, Mar			
			Canditions, if any, which gave rise to immediate cause (a stating the underlying cause last.	DUE TO, OR AS ON SEQUE	lung (a. K)	LOPD			
vs ony injury, ar other traun	MOLEVION		gove rise to immediate cause (a), stating the	(c) FOR-C	lung (a. K)	WINAL DISEASE OF CONDITION GIVEN IN PART TO 200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			
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orked or Item 18 shows ony injury, or other troun	MEDICAL CERTIFICATION	CEKIIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DISCOURSE CONTRIBUTING CAUSE OF DISCOURSE CAUSE CA	CONDITIONS CONTRIBUTING TO	OPERATION WAS PERFORMED AY YEAR 19 711 LOCATION	WINAL DISEASE OF CONDITION GIVEN IN PART 110 200 AUTOPSY? YES NO YES NO			
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ESPHARD A. TRANSCOL COTOBER 15, 1981 MAISON Z = ZIII - B - II waten ALLEGABY COUNTY.

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	1.	FOR STATE		DEPART	MENT OF HEAL	MARYLAND TH AND MENTAL HY	GIENE	i fin	4 7	0 2
		REGISTRAR		MIDDLE	CERTIFICA	TE OF DEATH	7g. DATE OF DE	EG. NO.	DAY YEAR	
	(TYPE	OR PRINT) The I ma		A.	Brow	'n	Za. DATE OF DE	Oct. 17	1981	26. HOUR 1:55 A
	3 SE	X	4 RACE		5. DATE OF BI		6 AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Caucas		June 24	4, 1914 YEAR	67	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		ITY OR COUNTY	OF DEATH	
	10 C	Maryland TY OR TOWN OF DEATH	U.S.	HOSPITAL, NURSIN	WIDOWED T		Alle		131 KIND OF	MD BUSINESS OR
51		rostburg	(IF NOT IN SU	the facility, give street communication	ADDRESS)		(TYPE OF WORK FOR	MOST OF WORKING LIF	E) INDUSTRY	
	USU	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION		ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADD		TIVSVIII	e run
5			gany	Frostbu			Rt.		n Shaft	
10	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15	MOTHER'S MAIDEN NA	AME	DDLE	LAST	
10		Joseph		Brimlo		Margaret			mith Mil	ler
1	16a V	VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECU		INFORMANT		AHITIcres		
*	=			217-10-4		rs Debbie R	aley Cum	berland,		NATE INTERVAL NSET AND DEATH
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		Acuto ma	dici	vocardial	Infanctio			
		1410 b IMMEDIA	ATE CAUSE (0)			yucarurar	marchi	111	24 h	-5
-		Conditions, if any, which	((b)_	R AS A CONSEOUI	ENCE OF				11016	
		gave rise to immediate couse (a), stating the)	R AS A CONSEOU	ENCE OF					
		underlying couse lost	(c)_		- 12	9				
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASE OF	CONDITION GIV	EN IN PART 110	
	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION W	AS PERFORMED	20a AUTOPS	? 20b. IF YES	S, WERE FINDIN	GS USED
	TER	Man						IN CERTIF	YING CAUSES	
		None					YES N	YE YE	_	NO [
0		NONE 210. ACCIDENT WAS UNDERLYING			AY YEAR 21	r. HOW INJURY OCCUI		YE YE	S 🗌	
9				DF INJURY M. MONTH DA	AY YEAR			YE YE	S 🗌	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAREMAIN 21d. INJURY OCCURRED	EATH HOUR A	M. MONTH DA	AY YEAR 19	t. HOW INJURY OCCUI	RRED (ENTER NATURE	YE YE	S 🗌	
9	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING A SUSE OF D (IF ETHER, NOTIFY MEDICAPTION 216, INJURY OCCURRED WHILE OT WHILE ALWORK ALWORK	HOUR A P 21e PLACE (AT HOME ST	M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F	AY YEAR 19 21f	LOCATION	RRED (ENTER NATURE	OF INJURY IN ITEM 18 P	PART I OR PART 2)	NO
9		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING A SUSE OF D (IF ETHER, NOTIFY MEDICAPTION 216, INJURY OCCURRED WHILE OT WHILE ALWORK ALWORK	HOUR A P 21e PLACE (AT HOME ST	M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F	AY YEAR 19 21f	LOCATION STREET	CI	OF INJURY IN ITEM 18 P	COUNTY	STATE
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF D (IF EITHER, NOTIFY MEDIA ARKAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AND (I) (this has, sow the deceosed olive a	21e PLACE (AT HOME ST	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 21f ARM, ETC.) 21f 31 , ond th	LOCATION STREET , 19 81 of in (my) (our) opinion	CI	OF INJURY IN ITEM 18 P	COUNTY county ard from the c	STATE hot (I) (we) lost ouses stated
29		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING A USE OF D (IF ETHER, NOTIFY MEDI/AFTKAMIN 21d. INJURY OCCURRED WHILE ANOTHHILE AT WORK 220. I certify that (1) (this has, sow the deceased alive of	21e PLACE (AT HOME ST	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 21f	LOCATION STREET 1981 of in (my) (our) opinion REE	control (enter nature) to 17 death accurred of	YE OF INJURY IN ITEM 18 P	COUNTY 100 part 2) 100 part 2)	STATE hot (I) (we) lost ouses stated
29		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF D (IF EITHER, NOTIFY MEDIA ARKAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AND (I) (this has, sow the deceosed olive a	21e PLACE (AT HOME ST	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC) 21f ARM, ETC) DEG	LOCATION STREET 1981 of in (my) (our) opinion REE	to 17	YE OF INJURY IN ITEM 18 P	COUNTY county ard from the c	STATE hot (I) (we) lost ouses stated
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66		REGISTRAR CEASED NAM	E FIRST	7462	MIDDLE	IIVEK 3 C	LAST	ATEO		KEO. IN		DAY YEAR	In HOUR
海滨战争员		PE OR PRINT)	Wardne	2y 1	Pailey	Be	ickley		24.	DATE KNOWNY OF ESTI- DEATH MATED [Oct.	10,1981	4:30 A.M
	3. SEX	ale	1. RACE White	July 25,	1900 81	YEARS IF UN	DER 1 YR.		4 HRS 2c. MIN. PRO	DATE DNOUNCED OC DEAD	t. 10,	DAY YEAR	4:30"
	7a B	IRTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	1.	ED XX NE	/ER MARRIEI		A P. P. O			
AND STATE OF	10 C	umberla		11 NAME OF HOS	PITAL, NURSING HO	OME, OR OTH	ER INSTITU	ION	12a. USUAL	ALLE OCCUPATION (TY) TOF WORKING LIFE)	PE OF WORK	OR INDUSTR	RY
205 HB -	USU	AL RESIDENCE	(IF IN NURSING HOME O	ROTHER INSTITUTION GIV	E RESIDENCE BEFORE ADA	04(2) 231							
D. 2120 H. F. AN 1. 3. RE 2. 2. SHOIL TAL PEC		arylana ATHER'S NAMI		gany	Cumberla		15. MOTHE	R'S MAIDEN		ADDRESS Mulberr	y Ave.		
ORE, MI	160 \	Lemuel WAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	Buckley		17. INFORA	bby		ADDRES	s Cumb	Clower eland.	
ALTIMA SS AFTE GIVE P TITH FO PAGES WISION	(1	NO, OR UNKNO		WAR OR DATES)	214-07-1	252	Mrs.	Myrti	le E.	Buckley,		Mulber	vry Ave
ISTON ST., B HIN 24 HOU! IN ITEM 18. ST PERMIT. I HYGIENE, D		PARTIDI 18	ATH WAS CAUSED	BY:	for (a), (b), and (c).) ALA CONSEQUEN		au		N	vitati		APPICEMATE BETWEEN CHIE!	AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON CERTIFICATE SHOULD BE EXECUTED WITHIN 24 RING THE WORD "PENDING". IN PENCIL IN ITER ROED TO THE CHIEF MEDICAL EXAMINER ALON E 3 SHOULD BE USED AS A BURIAL-TRANSIT PER E DEPARTMENT OF HEALTH AND MENTAL HYGEE PRIOR TO BURIAL.		gove ri cause (a lying cau	se to immediate) stating the <u>under-</u> use last.	(e)	AS A CONSEQUEN		ma	0	/	vinu	-		
BE EXE NDING AEDICA AS A BI ALTH AN	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEASI	E OR CONDITIO	GIVEN IN PART	11a.			40	
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ION OF VIT. IIFICATE SH ST THE WORL TO THE CI HOULD BE HOULD BE R TO BURIAI	MEDICAL CERT	UNDERLYING CONTRIBUTI	NG CAUSE OF D	P.M	MONTH DAY Y	EAR		OCCURRED	LENTER NATU	URE OF INJURY IN ITEM 1	PART I OR PAR	T 2)	
DIVIS HIS CER WRITING VARDED AGE 3 S ATE DEP	MED	21d. INJURY (WHILE AT WORK	NOT WHILE AT WORK		ORY, FARM, ETC.)		CATION	, ap		ITY OR TOWN	COU	NIY	STATE
DICAL EXAMINER: T E THE CRIFICATE, SHOULD BE FOWN HEALD DIRECTOR: P PEATH, WITH THE ST ORE, MARYLAND, 217,		22a cert		ol couses XX,	Accident .	Suicide	, Homic	Inspection ide		Inquiry XX, o	nd in my opi	10/10/	81
O MEDICAL XECUTE THE AGE 4 SHOI O FUNERAL AFTER DEATH	1				ritta, M.	D.	ADDRESS_	900 5	Seton	Dr. Cumb	erland	l. Md.	
BP	(Buri		3b. DATE 10/13/81	23c. NAME OF Sunset	Memon	ial P	ark,	Cumb	erland,	Allega	ury Mary	land
DHMH - 17 (VR A15 ME (5)) 15M 7/76		Wayne		02 Greene	St. Cumb	2150	2	OCT	157	981	w	March	

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	1 - FOR STATE REGISTRA			DEPARTMENT OF DICAL EXAMIN	HEALTH	CERTIFIC	NTAL HY		REG	2 4 . NO.	96	
1. Marai 22 ⊞	. DECEASED N (TYPE OR PRINT)		. Bucklew	MIDDLE		LAST		20. D/ OE	ATE KNOWN DF ESTI- ATH MATED	MONTH	20 19 81	710.4 P. M
學是二生的	sex Male	4. RACE White	5. DATE OF BIRTH Dec. 12,	1905 AGE (IN YE			HOURS /	MIN PRON	DATE IOUNCED DEAD	монтн 10	-05th YEAR -20 19 81	120H2H5
285	o BIRTHPLACE FOREIGN COUN West V	(STATE OR IRY) irginia	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR WIDOV	IED A NEVI	ER MARRIEL			legany	ITY OF DEATH	MD
23 4		WN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM CILITY GIVE STREET ADDRESS) ACTEU TIERT	E, OR OTH	er instituti pital	ION	FOR MOST O	CCUPATION F WORKING LIFE) Y WOLK	(TYPE OF WORK	OR INDUST Tire C	USINESS TRY
	JSUAL RESIDEN 30. STATE	ICE (IF IN NURSING HOME O 13b. COUN' Alles	TY	ve residence before admiss 13c. City or town LaVale	ION)	13d INSIDE CIT	Y LIMITS?	3e. STREET A			е	1119
10		E. Bucklew	MIDDLE	LAST		Emm	a Susa	name an Pop	e MIDDLE		LAST	
1	60. WAS DECE. (YES, NO, OR UN	ASED ÉVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	Marg		Buckle	w LaV	ale, M	D Wife	
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gave cous lying PART 2 OTH	ditions, if ony, which is rise to immediate e (o) stating the <u>under-cause lost</u> .	(b) A DUE TO, OR	AS A CONSEQUENCE Tteriologe AS A CONSEQUENCE BUT HOT RELATED TO THE TERM	lerot of						yrs.	
SIAL.	19a. DATE	OF OPERATION	196 CONDIT	TION FOR WHICH OPER	RATION W	AS PERFORM	AED?				20 AUTOPSY	1? NO.
RIOR TO BI	S UNDERLY CONTRIB	RNAL CAUSE WAS 'ING OR IUTING CAUSE OF E RY OCCURRED	DEATH P.M	MONTH DAY YEA	R	OW INJURY O	OCCURRED	LENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)	
	WHILE AT WOR	NOT WHILE	STREET FACT	(ORY, FARM, ETC.)		STREET		CITY	OR TOWN	C	OUNTY	STATE
RE, MARYLAND,		mil	e of the remains des of causes (1), Alas (Autap Vicide	Hamicio	de .	Undetermine MEDICAL I		and in my o	10-6-8	31
ALTIMO		TRIIVI)		ritta, M.D		ADDRESS			d, Mar		21502	
NE I	Buria		10-9-81	Sunset 1		ial Pk			erland		gany MI	TATE
17	NAME	LLI FUNERA	ADDRESS	CUMBERLAND	MID	21 50 2	DATE RE		1981 256 R	hans	STENATURE)	Ulan

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COTDBEC 5, 14841 OF: LSAM MEMORIAE HOSPITAL, SED. DIDG. DAILUHAL XAYS .RG 15th the feet of window noted to 151.2.10. a me to 151.

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REGISTRAR

		REGISTRAR			CERTIF	CATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST	MIDDLE	_ t/	ST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
200			NNA KAY	CHASE			OCTOBER :	30, 1	1981	2:00A M
(PMP)	3 SE	X	4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	emale	White		Jan.	19, 1943 YEAR	38	YRS.	MONTHS DATS	HOURS MIN.
32 8/1	7a. B	IRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY	B.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT		
11 00	Κe	yser, W.Va.	USA		WIDOWE		ALLEGA	AA CC	OUNTY,	MD
1 1	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSII	NG HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
300	Cu	mberland, M		D HEART		ITAL	Housewife	OF WORKING (Own I	lome
and the	13a	AL RESIDENCE (IF NURSING STATE 13 est Virginia	G HOAL OR OTHER INSTITUTION UNTY	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	I3e STREET ADDRESS RFD 2, Box	92A	Kevser	W.Va.
1/29	14. F.	ATHER'S NAME FIRST	FN	LAST		15. MOTHER'S MAIDEN N			LAS	
5 3 5		WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR	ESS		
15		NO OR UNKNOWN)	IF TES, GIVE WAR OR DATES)			Kenneth Dale	Chase, Sr.	, Cum	berland,	Md/
1 2 5		IB CAUSE OF DEATH	Enter anly ane cause per	r line for (a), (b), ar	nd (c)	^ .			APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	S CAUSED BY: AMEDIATE CAUSE (0)	He Da	tic -	failure			20	UKS
or i		5715		R AS A CONSEQU	ENCE OF					
fian,		Conditions, if ony, w	which ((b)	/ /	phis				2	YK5
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al, al		underlying cause	lost.							
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y in	5	19g DATE OF OPERATIO	N. Luciano							
ws or	CERTIFICATION	146 DATE OF OPERATIO	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	OF DEATH?
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81 E	11	OR CONTRIBUTING CAL	SE OF DEATH HOUR A.	M. MONTH D	AY YEAR	THE HOW HOOK! OCCO	LEWIER NATURE OF INJU	INT IN HEM IB	PART OR PART 2)	
Meni	MEDICAL	21d. INJURY OCCURRED		M. OF INJURY	19	211, LOCATION				
the band A	ME	WHILE NOT WHILE	LAT HOME ST	REET, FACTORY OFFICE, I	FARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
olth or		AT WORK AT WORK		1	Oct	19	1 in Oct	79	27	
T He		sow the deceased	nis haspital) attended the	ne deceased from 19	77)	that in (my) (our) opinio	n death occurred an the d	nte and ha		that (i) (we) last
ed to		27b. 6 GNATURE	(did not view the body	ofter death.		EGREE	death decorred an me a	ore ond no	22c. DATE	
e De		100	1		mn	ATTENDING	MEDICAL STA		10/	20/2
Star	1	22d. PHYSICIAN'S NAM		2000	1110	PHYSICIAN 77e ADDRESS	DIRECTOR PHYSI	IAN []	10/3	>0/6/
1 24 41 4										

ON GIVEN IN PART ITO LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES 🗌 TEM IB PART I OR PART 21 COUNTY STATE _, that (I) (we) last nd haur and from the causes stated 22c. DATE, SIGNED PAUL LIVENGOOD, M.D. 912 SETON DRIVE, CUMBERLAND, 23¢ NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL Burial Fort Ashby Nov. 2, 1981 Fort Ashby W. Va. 24 FUNERAL DIRECTOR 108 VIRGINIA AVE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SCARPELLI FUNERAL HOME CUMBERLAND, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 1/B1 (VRA 15, 4)

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MERLAND, ME	(na Fantau No.	TBD CLO	.0	M HIT	LIVE C	RUAG
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

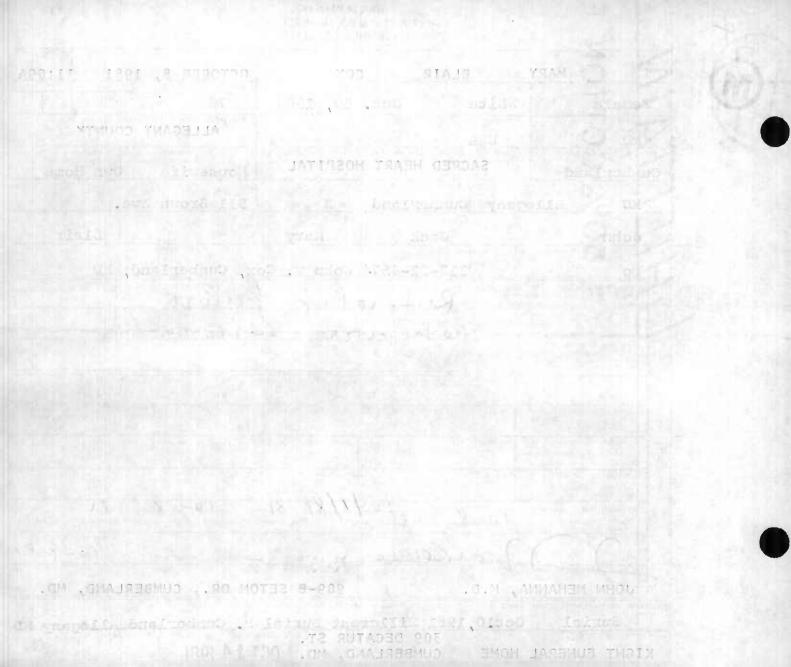
1 - STATE REGISTRAR			DEPART		ICATE OF DEATH	HYGIENE	REG. N	IO.		
DECEASED NAME	FIRST	WIDDIE			LAST		20 DATE OF DEATH MONTH			2b HOUR
(TIPE OR PRINT)	MARY		BLAIR		cox	0	CTOBER	8. 1	981	11:09A
SEX	4	RACE		5. DATE C			E (IN YEARS LAST BE	RTHDAY	IF UNDER 1 YE	
Female	5.53	White Oct.			29, 1904		76	YRS.	MONTHS DAY	S HOURS MIN.
BIRTHPLACE (STATE)	OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED NEVER MARRIED WIDOWED M DIVORCED		9 BA	9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY			
Cumberla	1. NAME OF	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			(TYPE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Own Home				
SUAL RESIDENCE (IF N 30. STATE MD	13b COUNT Alle	Υ	13c CITY OR TOV Cumber	WN	13d. INSIDE CITY LIMITS		STREET ADDRESS	vn Av	e.	
John	м	DDLE	Jack		15. MOTHER'S MAIDEN HIRST Mary	NAME	WIDDLE		В1	air
6a WAS DECEASED EV (YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)			John T.	Cox.	Cumbe		. MD	
	immediate ating the use last	(c)_	OR AS A CONSEOU		NOT RELATED TO THE T	TERMINAL	DISEASE OR COM	NDITION GI	IVEN IN PART	lio
19a DATE OF OPE	9a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERF			n was performed		a AUTOPSY?	IN CERT	S, WERE FINI IFYING CAUS	DINGS USED SES OF DEATH?	
OR CONTRIBUTING [(IF EITHER, NOT IFY M 21d, IN JURY OCCU	CAUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE	19	216 HOW INJURY OCC			JRY IN ITEM 18		
saw the dece	(I) (this haspital eased alive an) (did) (did nat)	10-	the deceased from	8(181, 198 nd that in (my) (aur) apir	nian death	a (0 — accurred an the a	late and ha	. 19 (_, that (I) (we) last he causes stated
274 SHOWN UNE	7	Tre	leau	us		NG ME	DICAL STA ECTOR PHYSI			TE SIGNED 3 - 9-8/
	1EHANNA				226. ADDRESS 909-B SI			UMBE	RLAND	, MD.
Burial, CREMATIO (SPECIFY) Buri		23b. DATE Oct10			emetery or cremato		d LOCATION CITY OR TOWN	rland	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR KIGHT FUNERAL HOME

309 DECATUR ST. CUMBERLAND,

MD.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Van Watter

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FOR - STATE

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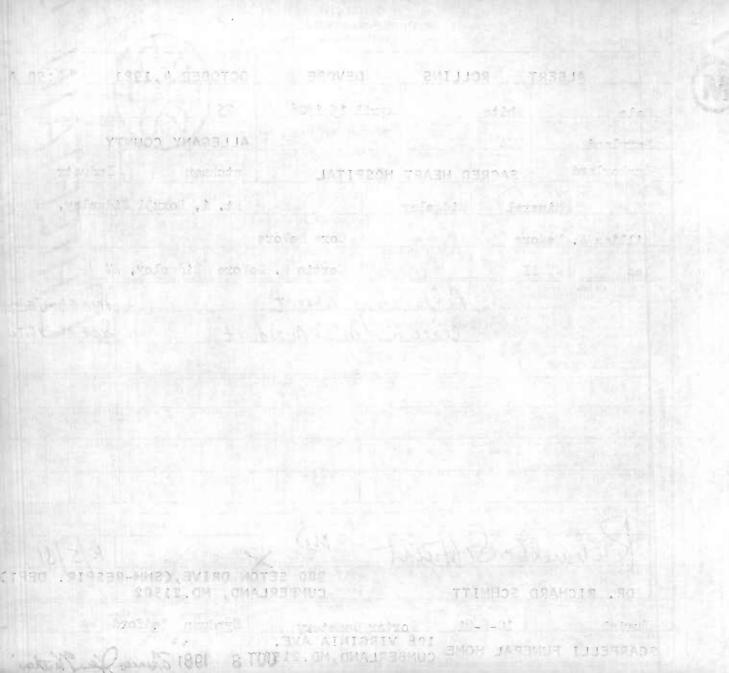
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DHMH-16 50M 1/81 (VRA 15 4)	

24 FUNERAL DIRECTOR

SCARPELLI FUNERAL HOME

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0		
	CEASED NAME	FIRST	A	AIDDLE		ASI	2a DATE	OF DEATH		DAY YEAR	26 HOUR
		ALBERT	RO	LLINS		DEVORE	ОСТ	OBER	4.19	81	9:50 A
3.58	X.		4 RACE		5. DATE C		6 AGE (II	N YEARS LAST BIR	THDAY)	IF UNDER I YEA	
	Mela		White		Apri	1 15 1906 YEAR	75	1 100	YRS.	MONTHS DATS	HOURS MIN.
Ju. B	RTHPLACE (STAT	TE OR FOREIGN		WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIN	ORE CITY C		Y OF DEATH	
	Maryland		USA		WIDOWE			EGANY	COLL	NTY	445
	ITY OR TOWN OF		11. NAME OF		NG HOME	OR OTHER INSTITUTION		LOCCUPAT			OF BUSINESS OR
	Cumberla	nd		H FACILITY, GIVE STREET		DITAL		ork for Most of	F WORKING L		stry
JUSU	AL RESIDENCE IIF			D HEART		FITAL	11000	A A318C0A A		2110.0	2013
130.	STATE	194 COUN	TY	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREE	T ADDRESS	21	Dadasa	7.777
-	ATHER'S NAME	Mine	ral	Ridgele	У	YES NO L		L, DC	TCXXI	Ridgel	ey, wv
	FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE		t.	AST
	William					Cora DeVor	e				
	WAS DECEASED E		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE	ESS		
	Yes	WW I				Gertie P.	DeVore	Ride	geley,	, WV	
	18 CAUSE OF D	EATH (Enter onl	y one couse per	line h r (0), (b), or	nd (c).)	,				APPRO	XIMATE INTERVAL N ONSET AND DEATH
	PART I. DE AT	TH WAS CAUSED	BY: E C AUSE (o)	Keshin	atori	(abreat.					ENATE
	431	100		11		1 was				2	
	Conditions, if	and which	DUE TO, OF	R AS A CONSEQU	ENCE OF	cular Accu	Anit			Sept	28-70cTu
	gove rise to	immediate	b)	COCCO	00.003	THE CE	almic			-	
	couse (o), s underlying c		DUE TO, OF	R AS A CONSEOU	ENCE OF						
	2.27.0 07.150		(c)								
Z	PART 2. OTHER	SIGNIFICANT	ONDITIONS <u>CC</u>	NI RIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEA	SE OR CON	DITION GI	VEN IN PART 1	10
CERTIFICATION	19a DATE OF OP	EDATION	TIN COND	TION FOR WILLIAM	LODEBATIO	N WAS PERFORMED		TODEV2	Tool 15 ME	C WERE CO.	
FI	190 DATE OF OF	EKATION	190. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?		S, WERE FIND FYING CAUSE	S OF DEATH?
RT							YES	NO		ES 🗌	но 🗌
_	21a. ACCIDENT WA	CAUSE OF DEAT	21b. TIME OF	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART I OR PART ?)	
CAL		MEDICAL EXAMINER	P./	м.	19						
MEDICAL	214 INJURY OCC	CURRED	21e. PLACE C	OF INJURY		211 LOCATION		CITY OR TO	WN	COUNTY	STATE
2	AT WORK	T WORK	[AT HOME, SIK	EET, FACTORY, OFFICE,	FARM, EIC)	SINCE		CITTONTO			31416
	22a I certify the	at (I) (this hospite	ol) ottended the	deceased from_		19				10	, that (1) (we) last
	saw the dec	ceosed olive on_		19_		nd that in (my) (our) opinio		red on the d			, , ,
	22b. SIGNATURE	ve) (did) (did not	view the body	after death		DEGREE WA	-				SIGNED
	100	Land	(s d	7/4/17/	115	ATTENDING	MEDICA	L _ STA	FF _	101	-141
	77d PHYSICIAN'	SNAME	<i>SUI</i> (1)	Vino	-	ATTENDING PHYSICIAN				-	3/0/
	MI THISICIAN	S INAME TYPE OR	(PRINT)							-RESP	IR'. DEPT
	DR. R	ICHARD	SCHMI	TT		CUMBER	LAND,	MD, 2	1502		
	BURIAL, CREMATE	ON, REMOVAL	23b. DATE	73€	NAME OF C	EMETERY OR CREMATORY	23d LO	CATION			
	Purst o 7		10-6	Q1 D	024-2	Camatana		nd man	Redfo	PA PA	STATE

108 VIRGINIA AVE DATE REC'D.



DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR 28. 1981 4:30P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Allegany 12b. KIND OF BUSINESS OR INDUSTRY Appliance Fourth St. Friend ADDRESS 122 Warwick Ave. Cumberland. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE ____, that (1) (we) last , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1945 SETON PLACE 21502 MD Oakland Oakland Cemetery Buria Garrett 24 FUNERAL DIRECTOR 25 A DATE REC'D BY OTRAR 25% REGISTRAR'S SIGNATUR Funeral Oakland, Maryland Home

STATE OF MARYLAND

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128 Sandales Laborateria	50.07.07	John G.	OOTIMON	rs		

	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARTLAND SEALTH AND MENTAL HY SICATE OF DEATH	GIENE 8 REG N	2	4 9	7 2
		CEASED NAME	FIRST	^	MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	26 HOUR
poge 3	ITYPE	Gar.	Land	Ok	ey	Di	JRST	October 19	, 198	1	4 P.
poog er de	3 SE	X		4 RACE		5 DATE		6 AGE (IN YEARS LAST BIRT	HOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4		Male		Whi	te	Apr	10, 1919 YEAR	62	YRS	ONTHS DAYS	HOURS MIN
Po		RTHPLACE (STATE OR FOI	REIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	RCOUNTY	OF DEATH	
ta (The B)	M	aryland		USA		WIDOW	DIVORCED	Allegany			M
4		TY OR TOWN OF DEAT	Н	LIE NOT IN SUC	HEACILITY GIVES	TREET ADDRESS1	OR OTHER INSTITUTION	120 USUAL OCCUPATI		125 KIND O	F BUSINESS OR
0 9951		ostburg		DOA Fr	ostbur	g Comm.	Hosp.	Constr. Su	ipt.	Roads	Constr
filled in ould be could be cou	130 5	AL RESIDENCE (IF NURSIF STATE ryland		COTHER INSTITUTION, NTY CETT	13c CITY OR		134 INSIDE CITY LIMITS?	Grant St.			
athur 2 sh	14 FA	ATHER'S NAME		MIDDLE	LAST	30 136	15 MOTHER'S MAIDEN N	AME MIDDLE		145	
omple ond		Harry		MIDDEL	Durs		Ethel	MIDDLE	1	Platter	
d co	16a V	VAS DECEASED EVER I		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	P.OORE	Box 72	2	
Pogo .	,	Yes, NO OR UNKNOWN)	WW	II	217-09	9-2688	Roma Durst	-wife- Grant	sville	e, Md.	21536
requires that the death ce en signed by the ottending. I. Then please remove corb or to burrol, cremation, or y injury, or other troumatic	NOIT	Conditions, if any, gave rise to imme couse (a), stating underlying cause	last	DUE TO, OF	ONTRIBUTING	TO DEATH BY		PUCTIVE	DITION GIVE	EN IN PART 1/c	
he low on. hos be the primit ene ene primit ene ene ene ene ene ene ene ene ene en	CERTIFICATION	190 DATE OF OPERAT	ON	196 CONDI	ITION FOR WI	HICH OPERATIC	N WAS PERFORMED	YES NO		, WERE FINDIN YING CAUSES	
CIAN. T physical printicate of transi atal Hyg em 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING COLIF	USE OF DEA	HOUR A.	M, MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED JENTER NATURE OF INJUI	Y IN ITEM 18, PA	ART 1 OR PART 2)	
offending er this ce s the bur ond Mei	MEDICAL	21d INJURY OCCURRE	D	21e PLACE (211 LOCATION STREET	CITY OR TOV	٧٢	COUNTY	STATE
ATTENDIN spirtal or CTOR Aff of for use a of Health m 21 is most		220.1 certify that (II) sow the deceased above, (II (we) (di	olwa on	007	e deceased fr	191		, ta <u>SPP</u>	ate and hour	and from the	
ITAL OR by the hore RAL DIRE educate detached in It is the left.	(274 SIGNATURE	50	m	1			MEDICAL STAL		10/	20/8/
TO HOSPI TO FUNE should be with the S		(JAM	NE TIME O	13/1	PAV		BLD C	MORIAL CUMBER	MANI	DIF	10,
F 2 F 0 3 Z 1	1	SURIAL FREMATION, R	EMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	_	urial		Oct.22	,1981	Grants	ville Cemeter	y Grantsvi		arrett.	Md.
VR A 15 (4)}	1	Line)	Tou	man	_ Gran	tsville	. Md.	Ties by Rigistar	Merc	RA SIGNA	Waster.

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1,	FOR STATE			DEPARTMENT OF		MARYLAN H AND ME		GIENE		2	4 9	7	3
201	REGISTRAR	100	MI	EDICAL EXAMI	NER'S	CERTIFIC	ATE OF			6. NO.			
	ECEASED NAME	FIRST		MIDDLE		LAST			ATE KNOW		TH DAY	YEAR	2b. HOUR
			istina	D.		Farris		DE	ATH MATED	0 10		1981	1
3. SE		RACE	5. DATE OF BIRTH	YEAR & LAST BIRTH	HDAY) MON		IF UNDER 24	AIN. PROI	DATE NOUNCED	MONT		YEAR	24 HOU
100		White	June 7		YRS. 2				DEAD	10		1981	P. ,
Ci	BIRTHPLACE (STATE OREIGN COUNTRY)	, Md.	USA	VHAT COUNTRY?	WIDO'		DIVORCED		Allega	any Co	unty,		ME
C	Cumberlan	d	The Men	SPITAL, NURSING HOP FACILITY GIVE STREET ADDRESS NOTIAL HOSP	ital	HER INSTITUT	TION	nempl	OYEED	(TYPE OF WOR	IZB KIN	INDUSTR	SINESS
Ma	STATE Ary Band	13h COUN Alle	or other institution, of the gany	GIVE RESIDENCE BEFORE ADMIS 13 CITY OR TOWN Cumber 1a	nd	13d INSIDE CIT	TY LIMITS?	41 REEL A	pdress ker St	. Cur	nberla	and,	Md.
14. F	ATHER'S NAME	Lee	MIDDLE	Farris		Brend	R'S MAIDEN	PAME Far	ris (S	alf)	L.	AST	
16a.	WAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	17. INFORM			ADDI				
L'	NO OR UNKNOW	1# 163,0176	. A. On Patey			Mrs.	Brenda	Farr	is (Mo	ther)	Cumb	erlar	nd, M
	18 CAUSE OF	DEATH (Enter an	nly ane cause per lin	ne far (a), (b), and (c).)							API	PROXIMATE EEN ONSET	INTERVAL
NOIL		IFICANT CONDITIONS		H BUT NOT RELATED TO THE TE	21.7			1 (0)					
CERTIFICATION	190. DATE OF C		19b. COND	ITION FOR WHICH OP	ERATION \	WAS PERFORA	MED?					UTOPSY?	NO []
MEDICAL CER	210. EXTERNAL UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P.	M. MONTH DAY YE.	AR	HOW INJURY	OCCURRED	ENTER NATUR	OF INJURY IN ITE	M 18 PART I OR	PART 2)		
MED	21d. INJURY OC WHILE AT WORK		STREET, FA	OF INJURY (AT HOME, CTORY, FARM, ETC.)	711. 13	OCATION STREET		CITY	OR TOWN		COUNTY		STATE
	22a. I certify death resulted ACTUAL SIGNATURE		ral causes XX,	escribed abave, held an Accident ,	Suicide _	, Hamici		Undetermin	quiry , ed manner [and in my	re I	0-30)-81
1	EXAMINER'S N (TYPE OR PRINT)		Dolan, M.D		_ADDRESS			n Stre	et			
I	Burial, CREMATK		Nov. 2,		t Men	norial		Cumbe	rland	Alle		Md. STA	ATE
Ja	IMES PIRECE	ččarpell	i, Cumbe	rland, Md.			NOV		181 25b. 1	REGISTRAR"	SSIGNATI	JKE VALLED	

Use 1 South of and 1 Section 1 Secti Andrew and and of the state . . . Washington and restaurant for the London MPZ S .vol

COUNTY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 72r DATE SKANED 21502 Great Cacapon Morgan W. Va. 10-26-81 Great Cacapon Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7h HOUR

B&O

11:35

IF UNDER 24 HRS

Railroad

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

DHMH - 16 50M 1/81 (VRA 15, 4)

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	30.12-1					
THE COMMON STREET BY EXCHANGE TO A SOCIETY						
THE ORNAL HOSPITAL HEDITAL OUTLAND CONSCIENCES				.9.11		

X	V		OR			DEPARTM			ARYLAN AND ME	ID INTAL HYG	IENE		2 4	97	5
1	X		TATE							ATE OF	**	REG. N	10.		
			EASED NAA	AE FIRST		WIDDLE		L	AST		2a. DATI			DAY YEAR	2h HOUR
	Daniel D			ROBERT	CAME				RREE		DEAT	H MATED	010/3	31 198:	19:37
	(編編)	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR	LAST BIRTHDA			HOURS MIN	PRONO	UNCED	MONTH	DAY YEAR	2d HOUR
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	MAN DE STATE	FOR M	THPLACE (EIGH COUNTRY RYLA	ND	U.S.A.	TIAT COOIVIT		MARRIE	25.00	PER MARRIED		LLEGA		OFDEATH	
	ZPot		Y OR TOWN		TI. NAME OF HOS						USUAL OCC	UPATION (T)		126 KIND OF B	
	DELAY IS TO THE R N PAGE NO. S. E. F. E. D. S.		ROSTB		DOA F	ROSTB	URG (COMM	UNITY	HOSP	PRES	TRE	AS.	AUTO D	EALER
21201	AND 3 AND 3 RETAIL RECOR	13a. ST		(IF IN NURSING HOME OF ALL E	TY	13c CITY C			YES T	TY LIMITS? T3e	. STREET ADD	RESS			
BALTIMORE, MD.			THER'S NAM		WIDDLE	LA	ST			R'S MAIDEN N	IAME	MIDDLE		LAST	
ORE,	PAGES 1, CORM PM CORM		ARSH		C.		ERRE		PE 17 INFORM	EARL		Α.		WINTE	R
TIM	URS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PA 17. PAGES 1 AND CONTROL OF VAL ONISION OF VAL	(YE	AS DECEASI S. NO, OR UNKN		WED FORCES? WAR OR DATES)		AL SECURITY	-				FROST			. om
BAI	RS A WITH WITH PACE	H		OF DEATH (Enter an	ly one cours per line		16-62	35 1	MAS.	ROBE	ni C.	FERR	EE, 2.	APPROXIMA	TE INTERVAL
W. PRESTON ST.,	M 18. WG WIT.		PARTID	EATH WAS CAUSE	D BY: TE CAUSE (a)		NARY	OCC:	LUSIC	ON				BETWEEN ONS	ET AND DEATH
STOI	A 24 HO N ITEM I ALONG IT PERM IYGIENE NOVAL		410) O		AS A CONS					Janes				
g.	MER NER PANS	-	gave	ans, if any, which rise to immediate	(b) A	RTERI	OSCLI	TROT	IC H	EART D	ISEAS	E			11.5
×	UTED WITHI IN PENCIL EXAMINER SIAL - TRANS O MENTAL ON, OR REA		lying co	 stating the <u>under</u>- use last. 	DUE TO, OR	AS A CONSI	EQUENCE C	F							
5, 201	ECUTE EX IND A CITION		PART 2 OTHER	SIGNIFICANT CONDITIONS	(c)	BUT NOT BELLEY	. TO THE YERM	NAL BICCACE	A. (A.)						
DIVISION OF VITAL RECORDS,	D BE EXECUTED WITHIN 24 HOUR FUNDING", IN PENCIL IN ITEM 18. MEDICAL EXAMINER ALONG W AS A BURIAL TRANSIT FERMIT. FALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL.		TART Z OTHER	SIGNIFICANT CUNDITIONS	CONTRIBUTING TO BEATH	BUT HUT KELATE	D ID THE LEKWI	MAL DISEASE	OK CONDITION	GIVEN IN PART 1	0).				
38	CERTIFICATE SHOULD BE ED ATTING THE WORD. YERDING THE WEBICK BE 3 SHOULD BE USED AS A 1 E DEPARTMENT OF HEALTH.	CERTIFICATION	190. DATE O	FOPERATION	196 CONDI	TION FOR W	HICH OPER	ATION WA	AS PERFORA	MED?				28 AUTOPS	77.77.00
VITA	SHOUL ORD "CHIEF CHIEF OR USED	Ě												YES 🗆	NO XX
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So	RTIFIC NG TH SHOU RIOR		CONTRIBUT	ING CAUSE OF E		OF INJURY	19 (AT HOME	211 LOC	ATION						
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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CUMBERLAND.

MD 2150

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item 5 and 6 G 56 11/9/81 GAB

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REGISTRAR

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HOME 325 MAIN ST., MEYERSDALE

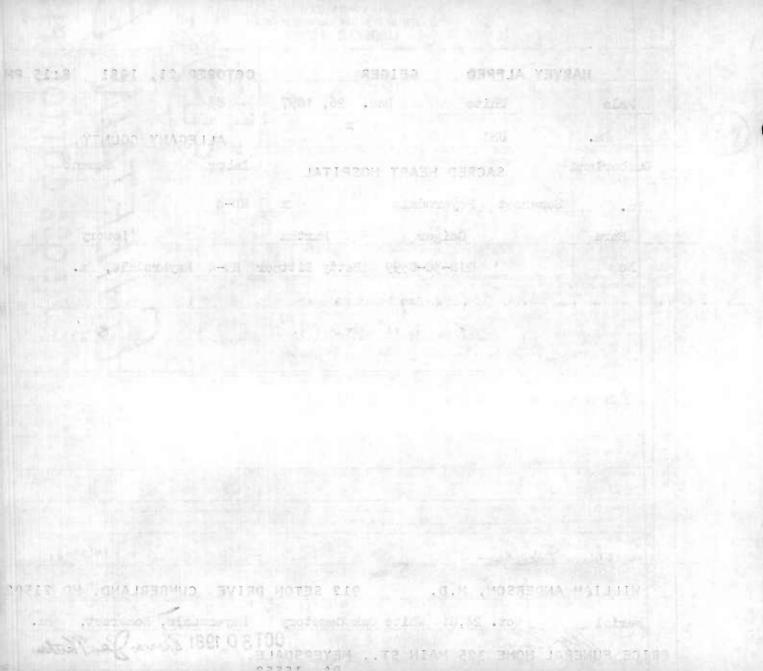
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

FUNERAL



STATE OF MARYLAND

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CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions of any, which gove rise to immediate couse (a) stoting the under- lying cause lost. PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEI 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPI 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22c. I certify that I took charge of the remains described above, held an death resulted from Natural causes X. ACTUAL SIGNATURE EXAMINER'S NAME Paul Snow, M. D. BURIAL, CREMATION, REMOVAL [23b. DATE 136. CITY OR TOWN M. D. 16b. SOCIAL SECUR 16c. SOCIA	ALLEGANY ALLEGANY MALEGANY MALEGA	TATE IN THE STAND IN THE INDUSTRIES OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE PROPERTY OF THE	136 COUNTY Allegany 136 CITY OR TOWN 13d INSIDE (ITY LIMITS) 13d INSIDE (ITY LIMITS) 13d INSIDE (ITY LIMITS) 15d NO XX NO XX	STATE anyland Allegany 13c CITY OR TOWN 13d INSIDE CIT LIMITY 13d INSIDE CIT LIMITY 13d INSIDE CIT LIMITY 13d INSIDE CIT LIMITY 13d STREET 14d STATES 13d INSIDE CIT LIMITY 13d STREET 14d STATES 13d INSIDE CIT LIMITY 13d STREET 14d STATES 13d INSIDE CIT LIMITY 13d	ALLEGANY ALLEGANY Mt. Savage, TYES NAME UNKNOWN, MADLE LAST SUMMER'S MAIDEN NAME UNKNOWN, MADLE LAST SUMMER'S MAIDEN NAME PEARL IS MOTHER'S MAIDEN NAME PEARL IN FORMANT PEARL M. GORDON, NO. 17 INFORMANT PEARL M. GORDON, NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, and nay, which gove rise to immediate cause (a) storting the under- lying cause lost. (c) Conditions, and nay, which gove rise to immediate cause (a) storting the under- lying cause lost. (c) Conditions, and nay, which gove rise to immediate cause (b) to the immediate cause (c) storting the under- lying cause lost. (c) Curchosis of liver, FART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to. 196. DATE OF OPERATION 197. CONTRIBUTING CAUSE OF DEATH P.M. 19 216. EXTERNAL CAUSE WAS UNDERLYING OR CURRED WHILE NOT WHILE NOT WHILE NOT WHILE STREET ACTORY, FARM, ETC.) NOT WHILE STREET ACTORY, FARM, ETC.) NOTICE CITY OR TOWN AT WORK AT WORK AT W	STATE CALLE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART 1 DEATH (Enter only one couse per line for (a), (b), and (c). 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Wayne George 202 Greene St. Cumberland, Md.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician

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	1.	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									8	5
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r them 18		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		HOUR A.M. MONTH DAY YEAR P.M. 19 171e. PLACE OF INJURY			216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)								
orkedo	ME	WHILE NOT WHILE AT WORK		(AT HOME, STR	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			STREET CHY OR TOWN				COUNTY STATE			
n 21 is m		220.1 certify that (I) (this hospital) attended the deceased from August 11, 19 80, to October 18, 19 81, that (I) (we) lost saw the deceased alive an October 18, 19 81, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated oboye, (I) (we) (did) (did) not i view the body after death.											and the same of		
T. =	Tale !	27b. SIGNATURE	righ		ely.	me	PHY	NDING SICIAN	MEDICAL DIRECTOR	STAF PHYSIC		22	10 -1	19-81	
APORTANT		RALPH P.			U		LIONS N	ANOR .	, seton	DRIV	VE, C	CUMBI	ERLAN	ND,MD	

23c NAME OF CEMETERY OR CREMATORY

HILLCREST

FUNERAL SERVICE' CUMBERIAND MD. UCT 25

BURIAL PARK

23d. LOCATION

CUMBERLAND ALLEGANY MARYLAND

BY REGISTRATES REGISTRATES SIGNATURE

BP. DHMH - 16 50M 1/81 (VRA 15, 4) 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR SILOOX—MERRITT

BURIAL

23b. DATE

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William G. Kight Cumberland, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DHMH - 16 50M 7/77

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3		FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
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PLEASE CTOR FILES. HOURS STREET	3. SEX	_	ce Cau	5. DATE OF BIRTH	YEAR	6. AGE (IN YE. LAST BIRTHD	MONT		R 24 HRS. 2c.	DATE ONOUNCED DEAD	10-1	5-8119	1900has	
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850	10. CITY OR TOWN OF DEATH		ATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital			TILL CHAIL			TYPE OF WORK	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Railroad			
PM 3. RETAIN PAG ND 2 SHOULD BE FILL VITAL BECORDS, 20		Cumberland		LICITOL	Lai				nec	rred		MATTI	Jau	
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	(A	ES. NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-	05-762	9	Mrs. Mar	arie Jackson, Cumberland, Daughter					
		18 CAUSE OF DEA	ATH (Enter an	ly ane cause per lin	e for (a), (b)	, and (c).)						APPROXIM	ATE INTERVAL	
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F HEALTH AND MENTAL HYGIENE, DI IAL, CREMATION, OR REMOVAL.		Canditions, if		Me	tasta	tic Car	cinc	oma						
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BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, C				e of the remains de	escribed abo	ve, held an	Autap	sy , Inspecti	an .	Inquiry .	and in my a	pinian		
,		death resulted by	Matur	ral causes ,	Accident	Su Su	icide _	, Hamicide ,	Undetern	nined manner].			
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X	-	EXAMINER'S NAMI	Dou1	Snow, M.	D			ADDRESS Mem	oriol 1	Hospital				
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GEORGE FUNERAL HOME; CUMBERLAND, MD 21502

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(VRA 15, 4)

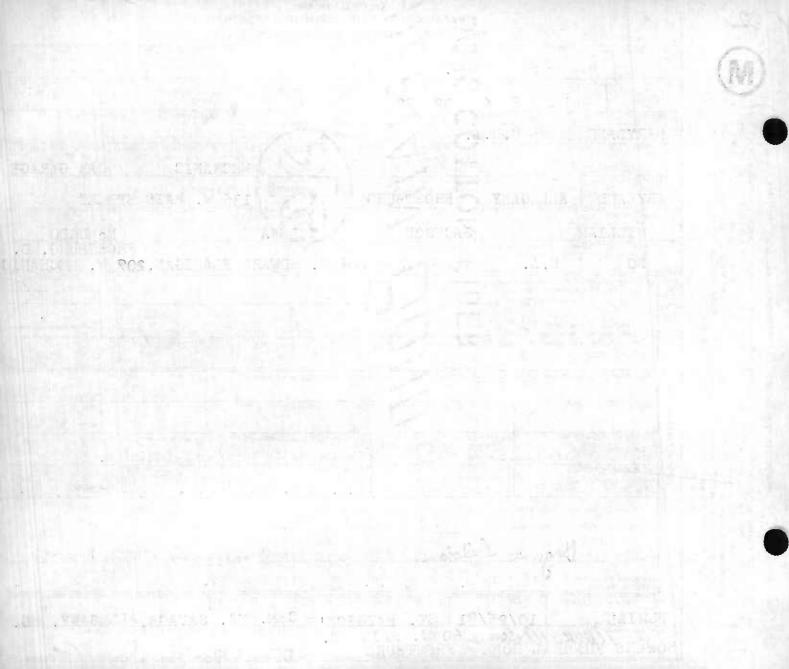
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Thomas Jackson 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3 SEX DATE LAST BIRTHOAY) PRONOUNCED 10 81 white 8 male 02 DEAD 70 To BIRTHPLACE ISTATE OR b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. Allegany County DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Memorial Hospital Cumberland MECHANIC CAR GARAGE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ALLEGANY 13d. INSIDE CITY LIMITS? FROSTBURG 13e STREET ADDRESS 136 W. MAIN YES X NO [CAL EXAMINER ALONG WITH FORM PM 3 BURIAL - TRANSIT PERMIT. PAIGES I AND 2-S AND MENTAL HYGIENE, DIVISION OF VITA ATION, OR REMOVAL. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST EIRST WILLIAM JACKSON SELENA McMUR DO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO EDWARD FLANIGAN. 202 10-5284 MR. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt injury to chest IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, If ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21. HOUR X XMONTH DAY YEAR UNDERLYING KYOR MEDICAL 5:30 P.M. 10-22-19 81 Passenger in auto/auto collision. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) Md. w. Red Hill Rd. Allegany 40 road 22a I certify that I took charge of the remains described above, held an Autapsy and in my apinion Accident X death resulted fram: Natural causes Suicide Undetermined manner Homicide TITLE (SPECIFY) ACTUAL DATE 10-23-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) BUR IAT ATRICK'S SAVAGE ALLEGANY BP 25a. DATE REC'D. BY REGISTRAR 24. FUNERAL DIE W. MAIN DHMH - 17 FROSTBURG (VR A 15 ME (5) 15M 2/80



BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

11.	FOR STATE	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8	2	4 9	9
L	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		12.00	26 HOUR
	MARGA	ARET G.	JONE	S	OCTOBER	31, 1	981	9:55
3. SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	-	UNDER I YEAR	IF UNDER 24
	Female	White	2	5 21	60	YRS.	VIAS DAIS	HOURS
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTYO		
	Bedford Pa.	U.S.A.	WIDOW		ALLEGANY	COUNT	Υ	
	ity or town of death imberland. Me			OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Housewi	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINES
USU/	AL RESIDENCE HE NUR	DR OTHER INSTITUTION GIVE RESIDENCE				20		
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14 FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ΛE			
	Cloyd	F. G	oad	Mary	MIDDLE S.	S	chnak	olv
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES	SS		-
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5	IMMEDIA	ATE CAUSE (o)	pun	one				
/	4860	DUE TO, OR AS A CON	EGGENGE OF	16 111-15	•		TO THE REAL PROPERTY.	
	Conditions, if any, which	(b)	TIME	V Jayman	2/			
	cause (o), stating the underlying couse lost	DUE TO, OR AS A CONS	SEQUENTOF NO	fed (4) X	tal hup			
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE PROOND	ITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
Ē	Name No. of				YES T NOT	IN CERTIFYIN		OF DEATH
E S	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR			_	140
	OR CONTRIBUTING CAUSE OF DE							
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1 4	AT WORK	1						
	27.11.01.11		rom		to			
	220.1 certify that (I) Ithis hope	final attended the deceased t	1.					
	22a I certify that it if this had some the deciding often above, it is a land of soil and a	mott significant body offer beath	·	and that in (my) (our) opinion o	leath accurred on the do	te and hour or	nd from the	couses stat
4	220.1 certify that (I) (this hold on			DEGREE			22c. DATE	
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4	22a I certify that it if this had some the deciding often above, it is a land of soil and a)-	DEGREE ATTENDING				
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	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	C.	4	7
	I. DE	EASED NAME FIRST	-	MIDDLE		AST	REG. N		AY YEAR	2b HOUR
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1	I SE		4. RACE	VERII	Is. DATE O	JONES DE BIRTH	6. AGE LIN YEARS LAST BIR		81 FUNDER I YEAR	IF UNDER 24 HR
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H	Tu: Bit	RIMPLACE (STATE OF FOREIGN		WHAT COUNTRY?	10	NEVER MARRIED	9. BALTIMORE CITY O	PR COUNTY	OF DEATH	
2		Indiana	U.S.	A .	WIDOWE		ALLEG	ANY C	OUNTY	,
		TY OR TOWN OF DEATH	11 NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET RED HEAR	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI ITYPE OF WORK FOR MOST OF	ION	12b. KIND (OF BUSINESS C
1	USU/	L RESIDENCE (IF NUR	OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)				p / c// c	trig se
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3	{ Y	NO NO ON DAKNOWA)	GIVE WAR OR DATES)	269 18	3279	Dessie Jone	s 42 N. Ma	in St.	Keys	er, W.
1		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUSE IMMEDI	SED BY: ATE CAUSE (o)	Carel	2012	seulon acco	lest			RMATE INTERVAL CONSET AND DEATH
		4-360	DUE TO, O	R AS A CONSEQUE	ENCE OF	0-1-				
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	-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4	9 9 2
	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2
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RY, PLEASI DIRECTOR DUR FILES 2N STREET	3. SEX	X 4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS IF UNDER 1 YR I IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST URTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	
GESARY GERAL DIRE OR YOUR ITHIN 721	7a B	ORTHPLACE (STATE OR) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY O	
	10. CI	(IF YOU IN SUCH FACULTY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	KIND OF BUSINESS OR INDUSTRY
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AND RETAINS SHOULD SHOU		STATE Par 136. CUN PRIOWITOWN 136 INSIDE CITY LIMITS? 130. STREET ADDRESS 80× 748	78
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BALTIMORE, MD. 21201 S.ATER DEATH. IF ANY GIVE PAGES 1. 2. AND TH FORM PM. 3. RETA PAGES 1 AND 2. SHOULD MISSION GEATTAL RECO.	16a V	WAS DECEASED EVERANUS. ARMED FORCES? VES. NO, OR UNKNOWN) (IF YES, DIVE WAR OR DATES) 199-24-3424 AVICEN KEICH RD BOX:	748 B Pa
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B./ S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS. RITING THE WORD: "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHING THE CHIEF MEDICAL EXAMINER ALONG WITHING THE STANDIST FERMIT PERMIT OF HEALTH AND MENTAL HYGIENE, DIV. OF PRICE TO BURIAL, CREMATION, OR REMOVAL.		CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFFITH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE A STER DEATH, WITH THE STALL MORE, MARYLAND, 217		270. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE , TITLE (SPECIFY) MEDICAL EXAMINER SIGNED	10-21-81
Bb	(SURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY BY CHYORTOGON COUNTY ENGLISHED BY CO	agette Pa
DHMH-17 (VR A15 ME (5)) 15M 2/80	SC	WERS FUNDAL HOME, FROSTBURG, MD. 250. DATE DECID BY REGISTRAR 256. REGISTRAR'S SIGN	an Marilan

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	(CEASED NAME	FIRST		MIDDLE			LAST	2a. DATE KNC	HTHOM WONTH	DAY YEAR	2b. HOUR
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botte.	China .	3 SEX	4.	RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	S IF UN	DER I YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	MOMTH (DAY YEAR	2d. HOUR
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	DELAY IS 3 TO THE N PAGE 205 201	CL	MBERLANI)	II. NAME OF HOS	AL HO	SPITAL		ER INSTITUTION	Nursing	on (TYPE OF WORK Assisan	OR INDUSTRY	
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	M. 1. 2. 7. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	14. F/	THER'S NAME		MIDDLE	L	AST		15. MOTHER'S MAID	EN NAME MIDDLE	-	LAST	
	AND		Cenney			Logds	on		Mae		Bar	rv	
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	OURS 118. G WIT. P.		18. CAUSE OF	DEATH (Enter an	ly ane cause per line	far (a), (b),	and (c).)					APPROXIMATE I	NTERVAL AND DEATH
	ONS ONG ONG SERV AL.		421		TE CAUSE (a)				aneurysm			Immed.	
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	PEN	₹ F	19a DATE OF O			TION FOR V	HICH OPERA	TION W	AS PERFORMED?			20 AUTOPSY?	
	SHOULD ORD "PEI ORD "PEI USED A LE U	FF										YES 💟	NO 🗆
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO FUNDERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. FORM PM. 3. RETAIN PAGE SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED BALTEMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTING			MONTH	DAY YEAR	21c. H	DW INJURY OCCURRE	D LENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PA		
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	WNER: T FICATE, E FORW TOR: P THE ST LAND, 2		220 I certify death resulted		ge of the remains de	Acerdeni		Autap	Inspection	n , Inquiry Undetermined manner		oinian	
	XAA ERTII ID B WITH ARY			41	0. /				TITLE (SPECIFY)				
	AL ALDON		SIGNATURE	1 ca	0 1	res	100	M	D. Assist.	MEDICAL EXAMINE	DATE R SIGNE	D 10/12/	81
	MEDICAL CUTE THE SE 4 SHO ER DEATH TIMORE,)	EXAMINER'S N	A A A E	V								
75	NO SECOND	200	TYPE OR PRINT	Paul_	Snow, M.I					rial Hospita	al		
	PAGE TO LESSEN	23a.B	URIAL, CREMATIC		3b. DATE				RCREMATORY	23d. LOCATION CITY OR TOWN	cour	NTY STAT	TE .
	BP	24.5	Buri UNERAL DIRECTO		10/15/81	St	.Mary	s C	emetery	Lonacon:	ing	A. Md	
2.	DHMH - 17	-	NAME		ADDRESS				/30. 100	AEC'D BYREGISTRAR 2	Arcas	C W	
	(VR A15 ME (5))	El	chhorn	Funer	al Home	Lo	nacon	ing	Md		J. Britan	an / lathe	10

Tried of the contract of the second of the contract of the con

DHMH - 16 50M 1 (VRA 15, 4)

	STATE		DEPARTM		E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE O I		La Con	7 7
	REGISTRAR EASED NAME FIRST		MIDDLE		AST	REG 20 DATE OF DEAT	G. NO.	TH DAY YE	AR 2h HOUR
{TYPE C	ORPRINT)	DIE FA	RL KIFER						
3. SEX	INLE	4 RACE	VE KITEK	5. DATE C	OF BIRTH	6 AGE (IN YEARS LA		1981	5:25 YEAR IF UNDER 24
	Male	Wh		MENT	- 18 - 1905	76		YRS.	PAYS HOURS
co	THPLACE (STATE OF FOREIGN DUNITY) Md	U.S		WIDOWE		9 BALTIMORE CIT	_	COUNTY	
Cu	y or town of death umberland	SACRE	HEART	HOSF	PROTHER INSTITUTION	TYPE OF ROSE CR		RKING LIFE) 12b. KII INDUS	ND OF BUSINESS
JSUAN 130 ST	RESIDENCE (IF NURSING HOME COL		136. CITY OR TOWN	1	138 INSIDE CITY LIMITS?	13e STREET ADDRI	ss Box	300	
14 FAT	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
	Jesse		Kifer		Martha	MIDE	r.c	Fazen	baker
	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	A	DDRESS		
, , ,					Louise Kif	er Fro	stbu	irg Rt.	1 Box
NOL	PART OTHER SIGNIFICANT OF VILLE 98 DATE OF OPERATION	d Pest	ri alcer		NOT RELATED TO THE TERM	200 AUTOPSY?	20b.	IF YES, WERE FI	NDINGS USED
ERTH	210. ACCIDENT WAS UNDERLYING	21b TIME O	E INTHIDY		Tal. How by HIDY occurre	YES NO[YES [NO 🗌
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	EU (ENTER NATURE OF	INJURY IN IT	EM 18 PART I OR PAR	7 2)
ME	WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNT	Y STAT
2	22n. I certify that (1) (this hasp saw the deceased alive or		deceased from			, to		19	, that (I) (we
-	above (I) beet (did not)	ot) view the body	ofter death.		od that in (my) (aur) apinion o	Jeoin accurred on 11	ie dote or		
	JUM	1330	com		ATTENDING _	MEDICAL DIRECTOR PH	STAFF YSICIAN [ATE SIGNED
2	V. EUGENE M				22e. ADDRESS BMG. 912 SE	TON DET	VE	CHMPED	LAND
	A PORFIAE I			AAAE OE C	EMETERY OR CREMATORY	TON DRI	٧ 🛴	CUMBER	LAND
23a BU	JRIAL, CREMATION, REMOVAL	23b. DATE	(30. N	WAIT OIL	EMETERT OR CREMATURY	1230 LOCATION		VIVE VIVE	
	URIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 10/1	- 10-			tery Mo		COUNTY	Md

15413 1469 S10334# 37 HOVE - U.S. internal YTHIOS YKASELJA MICHELIAN SACRED MEANT HOSPITAL AND THOUSEN ADE THE LIFE AND THE PERSON OF THE PARTY OF Prince Air Committee Commi V. EUGENE MAZZOCCO . ENG. D12 SETON DRIVE, CUMBERLANC, MD be . . . Wooden windship If I found I I If of letter EICHORN FUNERAL HONE LUNACONING, NO COTISMBUL Stand DA STAND

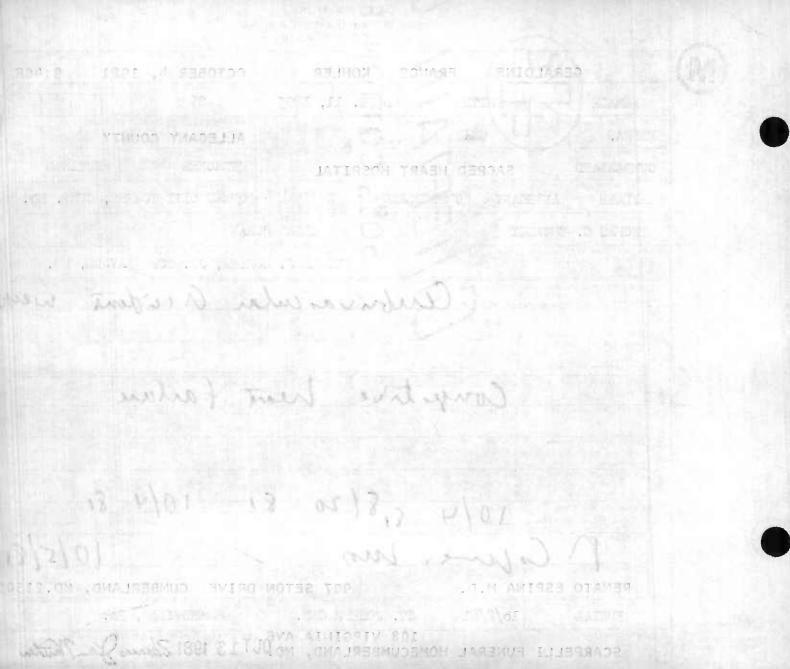
1	FOR STATE				MENT OF H	EALTH		ENTALH		3		2 4	9	9	5
1. 0	REGISTRAR DECEASED NAME			WIDDIE	EXAMIN		ERTIFIC AST	CATEO	F DEA	20. DATE OF	REG. N KNOWN ESTI-	MONTH	DAY	YEAR	8h. H
1			t Lee Kni	on the						DEATH	MATED	10 MONTH	5	1981	I
3. S	fals	White	S. DATE OF BIRTH	1981	6. AGE (IN YEA LAST BIRTHDA YR	MONTH:		HOURS		PRONOUN DEAD	ICED	10	5	1981	34 17
26	BIRTHPLACE (ST FOREIGN COUNTRY)	ATE OR	76. CITIZEN OF V	VHAT COUN	TRY?	MARRIE WIDOWE		VER MARRI	IED,		ORE CITY Alleg	OR COUN	ITY OF I	DEATH	
0 0	CITY OR TOWN		11. NAME OF HO		REET ADDRESS)	OR OTHE			12a. USU		PATION (T	YPE OF WORK	Of	ND OF BURNDUST	RY
5 USU 130.	UAL RESIDENCE	IF IN NURSING HO	other institution, onty	GIVE RESIDENCE			13d. INSIDE CI	NO A	_			co Fa	rms		
0 14.	FATHER'S NAME Frederi	ck Knipp	enberg		LAST		15 MOTHE	R'S MAIDE	NNAME		IDDLÉ			LAST	
1 160.	WAS DECEASED LYES, NO, OR UNKNO	DEVER IN U.S. AL	RMED FORCES? E WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	Delb	ert K	nipp	enber	addres g Gu	s mberl	and	, MD	
	18 CAUSE O PART I DE	ATH WAS CAUS			, ond (c).) cerebra	1 He	morrh	200					BETV	PPROXIMATI WEEN ONSE	TANDE
10. C C USS 130. 130. 14. 1 160. 14. 1	8191	1	DUE TO, O	R AS A CON	ISEQUENCE C	F								11100 00	,0
-	gove ris	is, if any, which to immediate stating the under	e / (b)		Trauma		the H	ead							
	lying cou		(c)		obile A		ent								
7			S CONTRIBUTING TO DEAT	N BUT NOT RELA	TEO TO THE TERMI	AL DISEASE	OR CONDITIO	N GIVEN IN PAI	RT I (a).						
CERTIFICATION	Aut 190. DATE OF		Accident	ITION FOR	WHICH OPER	TION W	AS PERFOR	MED?					20.	AUTOPSY	?
4														YES 🗌	NO
3		CAUSE WAS OR OR OG (X) CAUSE OF	0 00	MONTH	DAY YEAR			OCCURRE			fury in item 1	8 PART I OR P.	ART 2)		
S S S	21d INJURY C	CCURRED	21e PLACE	OF INJURY	(AT HOME,	21f. LOC	TOINO D ATION REET	ile A	CCIO	CITY OR TO	WN		OUNTY		SI
BALLIMOKE, MAKTUANO, ALOU PRIOK 10 BUKAL, CR.	AT WORK	NOT WHILE AT WORK	A	reet		Indu	stria	l Blv	d.	Cumbe	rland		ega	ny I	MD
21		•	rge of the remains d	escribed obo	[32]	Autops	y . Homic	Inspection		Inquiry		and in my o	pinion		
	death results	A L	ural couses .	Accident	(A), SUI	ide		PECIFY)	Under	ermined mo	onner	,			
-	ACTUAL SIGNATURE	mice	ureas C	nic	und	(5 M.	Dep	uty	MED	ICAL EXAM	AINER	SIGN	ED_1	0-5-8	31
0-	EXAMINER'S (TYPE OR PRIN	NAME Nic	holas Gia	rritt	a. M.D	/-	DDRESS_	Cum	berl	and,	Maryl	and	215	02	
23a	Burial, CREMA	TION, REMOVAL	23b. DATE 10-8-81	23c. h	t. Heri	etery or	cremato eme te	DRY CV	23d. LC	CATION DE TOWN Mberl	and	Alle	ranv	MD'	TATE
24	FUNERAL DIRECT	TOR	ADDRE					250. DATE				ISTRAR	DICALAT		
	CCAPDET	T.T FILMER	RAL HOME	CUMBE	RLAND,	MD		U	1 7	130	M	anu >	The same	4 . 44 .	4

The section of the se , the property of the well of the following the property of the 이 선생님, 그는 그는 아프라고 있다는 발생보면 그녀는 첫 동그들이 없으면 보면 보면 하셨다. 네이터 the the second of the second o

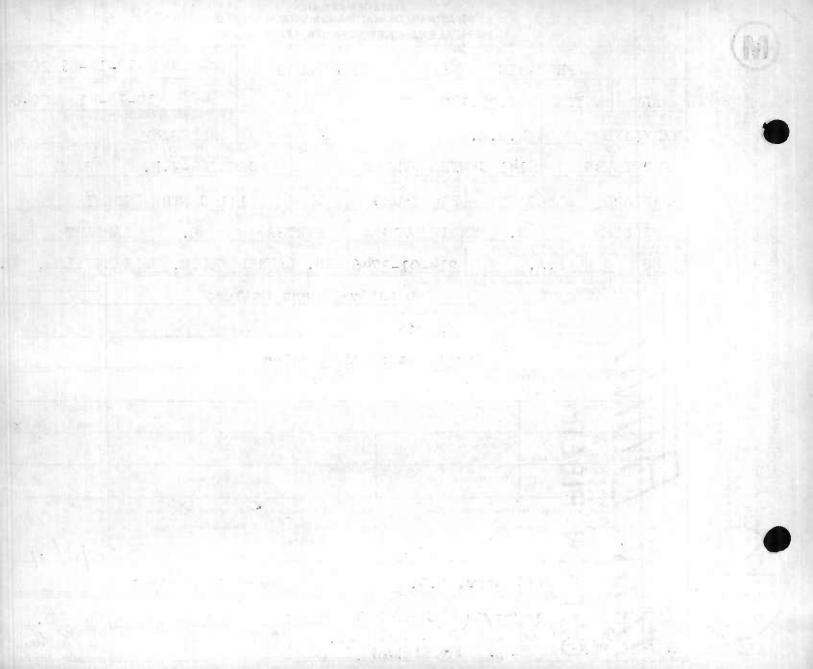
BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENT ICATE OF DEAT		7117	. NO	4 9	9 5
	I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE		AST		20 DATE OF DEATE	HINOM H	DAY YEAR	26 HOUR
4		ERALDINE	FRANCE		OHLER		OCTOBER	,	981	9:40Pm
,	FEMALE	4 RACE WHI	re	SEPT	11°, 18°		6. AGE (IN YEARS LAS 86	T BIRTHDAY) YRS.	MONTHS DAYS	
5	70. BIRTHPLACE (STATE OF		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARR	RIED -	9 BALTIMORE CIT ALLEGAN	_		MD.
2	CUMBERLAND	SACR	HOSPITAL, NURSING DEH FACILITY, GIVE STREET A ED HEART	HOS		ION	120 USUAL OCCUP		IFE) 126. KIND (OF BUSINESS OR
5	USUAL RESIDENCE OF NUE	ALTUE GANY	ON GIVE RESIDENCE BEFORE		13d. INSIDE CITY LI	MITS?	13 CAREIND CEL	TY TOW	ERS, CU	MB. MD.
	THOMAS C.	BUCKLEY	LAST	16	15. MOTHER'S MAI		RAN MIDDE	É	LA	AST
	160 WAS DECEASED EVE (YES NO OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	THOMAS	J. KO	AD HLER, JR.	SON :	LAVALE,	MD.
	Conditions, if any gove rise to irr couse los statu underlying cous PART 2. OTHER SIG	y, which (b) mediate hing the last. (c) NIFICANT CONDITIONS (c)	DR AS A CONSEQUE	NCE OF	· h	lan	NAL DISEAS TOR CO	20b. IF YE	VEN IN PART 11 S, WERE FINDI FYING CAUSES	INGS USED
	OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH HOUR A	OF INJURY J.M. MONTH DA'	Y YEAR		OCCURRE	YES NO	-	ES PART I OR PART 2)	но 🗌
	21d. INJURY OCCUP	HILE THOME, S	OF INJURY TREET, FACTORY OFFICE, FA	RM, ETC)	21f LOCATION STREET	c	спуо	RIOWN	COUNTY	STATE
	saw the deceo- abave, (1) (we)) (this hospital) attended to sed alive on (did) (did not) view the bad		, an	d that in (my) (aur)	opinion de	eath occurred on the	e date and hou		that (1) (we) last
	226. SIGNATURE 226. PHYSICIAN'S N	Cope	٠٠,	m	ATTEN PHYSI 1226 ADDRESS		MEDICAL S DIRECTOR PHY	TAFF SICIAN []	224 DATE	SIGNED SIGNED
		ESPINA M.	D.		907 SE	TON I	DRIVE (UMBER	LAND,	MD.2150
	230 BURIAL, CREMATION (SPECIFY) BURIAL	REMOVAL 1236 DATE			EMETERY OR CREM		23d LOCATION	VILLE,		STATE
	24 FUNERAL DIRECTOR NAME SCARP	ELLI FUNER	AL HÔMEC			MD DC	REC'D. BY REGISTR		TRAISSIGNAT	Warther



		FOR		STATE DEPARTMENT OF I	TE OF MARYLAND HEALTH AND MENT	AL HYGIENE 8	2	4 9 9	7
	1-	STATE REGISTRAR		MEDICAL EXAMIN			REG. NO.		
		CEASED NAME	FIRST	MIDDLE	LAST	2a. DATE K	NOWN A MONTH		2b. HOUR
WITHIN 72 HOURS W PRESTON STREET,	(14b)		FREDERIC	EARL	KREITZBUR	CG DEATH	MATED 10)-18 _{T9} 81	2020h
	3. SEX	ALE WHI	S. DATE OF BI	RTH YEAR 6. AGE (INYE) 1895 85 YE	MONTHS DAYS HOL	NDER 24 HRS. 2c. DATE PRONOUNG DEAD	10-1	8-81	2d. HOUR 2040
21	70 B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED NEVER	9. BALTIMO	ORE CITY OR COUN	NTY OF DEATH	
5	MA	RYLAND	U.S.	A.	-22		EGANY		MD.
0		ROSTBURG	11. NAME OF	HOSPITAL, NURSING HOME CENTRE STREET ADDRESS)	, OR OTHER INSTITUTION	120. USUAL OCCUP. FOR MOST OF WORK CASH IER	ATION (TYPE OF WORK ING LIFE)	OR INDUSTR BANK	SINESS
5	13a. S	TATE 136	G HOME OR OTHER INSTITUTION COUNTY ALLEGANY	DN, GIVE RESIDENCE BEFORE ADMISSIN 13c. CITY OR TOWN FROSTBUR	13d. INSIDE CITY LIA			RIPIDAN	
10	14. F/	THER'S NAME WILLIAM	MIDDLE H	KRE IT ZBUR G	15. MOTHER'S MART	MAIDEN NAME THA	DDLE L	AMMERT	
1	16a. V	AS DECEASED EVER IN		166 SOCIAL SECURITY			ADDRESS		
		NO	N.A.	214-01-3	3746 MRS. I	LAUREL ELLI	S, WALK	ERSVILL	E, MD.
		PART I DEATH WAS	Enter only one couse pe CAUSED BY: MEDIATE CAUSE (a)	r line for (a), (b), and (c).) Conge:	stive Hear	t Failure		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
10		1339		O, OR AS A CONSEQUENCE	OF				
		Conditions, if ony, gave rise to imm	mediote (b)_	Anemia					
		couse (o) stating the lying couse last.	DUE TO	OR AS A CONSEQUENCE O		1			
		BART & GYUER CACHUELCING CO.	(c)	Carcinoma		lon			
	z	PART Z UTBER SIGNIFICANT CU	MOTITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1 (a),			
_	ATIO	19a. DATE OF OPERATIO	ON 19b, CO	NDITION FOR WHICH OPER	ATION WAS PERFORMED	?		20 AUTOPSY?	
1	FIC							YES 🗆	NO DE
	AL CERTIFICATION	210. EXTERNAL CAUSE V	HOUR	AE OF INJURY A.M. MONTH DAY YEAR		CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P		
	MEDICAL	CONTRIBUTING CAL	21a PL	P.M. 19 ACE OF INJURY (AT HOME,	21f. LOCATION				
	WE	WHILE AT WORK AT WOR	HILE STREET	T, FACTORY, FARM, ETC.)	STREET	CITY OR TOW	N Co	OUNTY	STATE
		22a. I certify that I too	ok charge of the remain	s described above, held an		pection Inquiry		pinion	
		death resulted from:	Notural couses	, Accident , Su	icide, Homicide	Undetermined mor	nner,		
		ACTUAL	1	()	TITLE (SPECI		DATE		1
1		SIGNATURE)Circ	Com-	M.D	MEDICAL EXAM	INER SIGN	JED (0/19/	8/
×	-	EXAMINER'S NAME (TYPE OR PRINT)	Paul Sr	now, M.D.	ADDRESS	Memorial Ho	spital		
	23o. B	JRIAL CREMATION REM	OVAL 23b. DATE		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	DUNTY ST.	ATE
		BURIAL	10/23	/81 ECKHAR	A 100 T 100 T 100 T	Z ECKHAI	RT ALLEC	3.6	
		NAME REPORTED	411. Sources	Mess 60 W. MA	IN ST.	OCT 2 8 198	236 REGISTRAN	SIGNATURAL	there
	5	WERS FUND	ERAL HOME	FROSTRITE	C		67.0.000	17	



FROSTRURG

FOR

(VRA 15, 4)

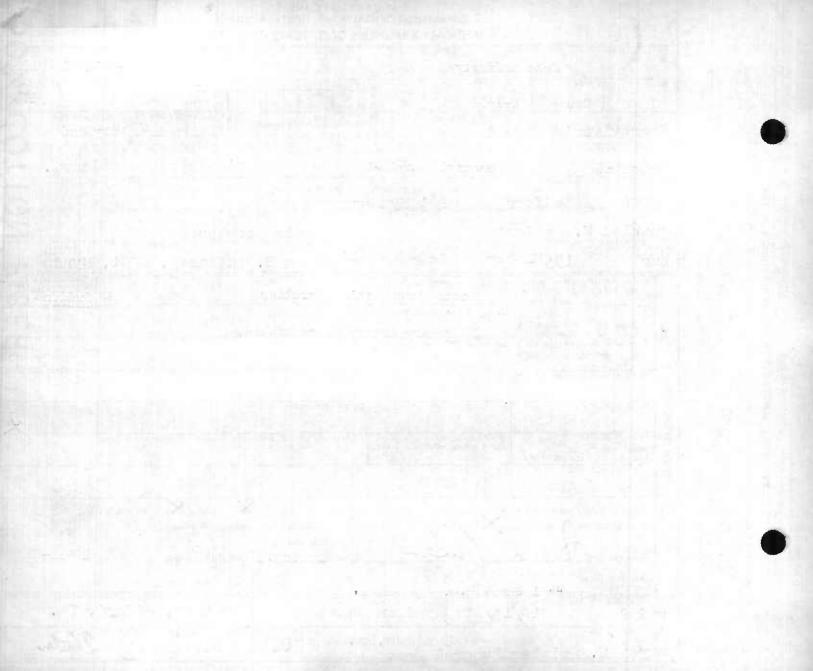
FUNER AT.

HOME.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR					STA MENT OF EXAMIN	HEALTH		ENTAL H		B I	REG	2. . NO.	4	9 9	5
ES. ET,		CEASED NAME OR PRINT)	_		Laffert	MIDDLE			LAST			OF DEATH	KNOWN ESTI-	MC MC		DAY YEAR L2-81	26 HOUR 1735
INTER HOURS	3. SEX	М	4 RACE Cau	MO	ATE OF BIRTH	YEAR	6. AGE (IN Y LAST BIRTHI	PAY) MONTH	DER 1 YR.	IF UNDER 2	MIN.	RONOUN DEAD	NCEP O	-12-8	81	DAY YEAR	2d, HOUR 1735 _M
35	1. 01	DTUBLACE IS		75. 0	USA	AT COUN		8. MARRI		VER MARRIE DIVORCE	D 🗌	9. BALTIM	ORE CIT	Y OR CO	YTAUC	OF DEATH	MD.
50	10. CI	mberla	of DEATH	11.1	NAME OF HOS IF NOT IN SUCH FACE Memor	ial H	lospit	al	ER INSTITU	TION	Bri	al occur ckla	PATION EKING LIFE) Yer	(TYPE OF W		or indus Const	SUSINESS
5	130. S	enna	Ве	ME OR OTHE UNITY dfor	r institution, giv d.		OR TOWN	_{dman}	13d. INSIDE (NO EX	13e. STRE	ET ADDRE	SS				
25	Cł	THER'S NAME TAPLES	W. L	affe	rty		LAST		Ani			baug				LAST	
3	Y E	S, NO, OR UNKNO		56-1	ORCES? 957 cause per line	19	0-20-	4811	Doni	na E.	La:	ffer	ty,	RD#	1,	Penna	man TE INTERVAL
PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditio gave ri cause (o lying cau	ns, if any, we see to immed) stating the unuse lost.	USED BY: EDIATE CA	DUE TO, OR	as a con Coron as a con	Myocar NSEQUENCE ary Ar NSEQUENCE	OF tery OF	Heart	Disea			ė			Sudden	n DEATH
2	FICATION	19a. DATE OF	OPERATION		19b. CONDIT	ION FOR	WHICH OPE	RATIONW	AS PERFOR	MED?	·····					20 AUTOPS	
3	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS GOR NG CAUSE		216 TIME OF HOUR A.M.		DAY YEA		W INJURY	OCCURRED) (ENTER N	ATURE OF IN.	JURY IN ITE	M 18 PART 1	OR PART	YES []	NO X
	MEDI	WHILE AT WORK	NOT WHILE AT WORK		21e PLACE C STREET, FACTO				TREET			CITY OR TO	wn		COUNT	TY T	STATE
10		deoth result ACTUAL SIGNATURE	ed from	harge of th	ne remoins desc	Accident		Autop:	Homic TITLE (S	PECIFY)	Undete	rmined mo	AINER	SI	ATE IGNED.	10-12	-81
BALLIMORE, MARTCAIND, 21201	23a. Bl	EXAMINER'S (TYPE OR PRI JRIAL, CREMA PECIPY) 1121		AL 236. DA	now, M	23€. [NAME OF CE	METERY O	ADDRESS_	ORY	[23d 1.O	Hosp			≺ ∂nhgi.	, Pa.	STATE
5))	24 FL	INERAL DIREC		10/	15/81 ADDRESS Fune	Hvn	ndman dman Home		ie ret	250. DATE R				EGIS		Thath	lu



2	1-	FOR STATE REGISTRAR			MEDI	CAL EX	STATENT OF I	HEALTH		ENTALH			REG. N	2 5	0	0	Q
PLEASE DIRECTOR. O.R. FILES. 77 HOURS ON STREET,	3 SE		Mar RACE -	S. DATE OF	BIRTH	YEAR	AGE (IN YEA	RS IF UN		be v	24 HRS. MIN.	20. DATE KI OF DEATH A 20. DATE PRONOUNC DEAD	MATED X	MONTH MONTH Oct.	21.1	YEAR 1981 YEAR 1981	26 HANGER 11:46
SAMESSARY FUNERALDIR FIRM YOU PRESTON	FC	IRTHPLACE (STATE OF COUNTRY) W. Va.		7b. CITIZEN	S.A.	TCOUNTR		8 MARRI WIDOW	ED 🖾	VER MARR DIVORC	ED 🗆	9. BALTIMO A L L C	gany	,	TY OF DE	ATH O OF BUS	MD
200 Sept. 200 C		McCool	IN NURSING HOME C	RD 3	BOX UTION, GIVER	15,	Rawl FORE ADMISSIO	ings	, Md.			Homen	naker	•	Hom		
, MD. 21201 ATH. IF ANY E 31. 2. AND 3 PM. 3. RETAIN DD 2 SHOULD VITAL RECOR		ATHER'S NAME	ALL.	egany MIDDLE		MCCO	ole		13d. INSIDE (YES	NOXI	RD	3 Box	15	Rawli			
O PASSES	16a. \			A .	5?	May	AL SECURITY		17. INFOR/	Ann		M	ADDRES	S	he l		
ECORDS, 201 W. PRESTON ST., BATTIM, D. BE EXECUTED WITHIN 24 HOURS AFTER REDIDING" IN PENCIL IN ITEM 18. GIVE PARS A BOILOIG. "FRANSIT PERMIT POSTER A SA B URBAIL- "RANSIT PERMIT PAGES ALTH AND MENTAL HYGIENE, DIVISION CREMATION, OR REMOVAL."		Conditions, gave rise couse (a) st	DEATH (Enter on TH WAS CAUSE! IMMEDIA) If ony, which to immediate toting the under- elost.	D BY: TE CAUSE (o DUE (b) DUE	TO, OR AS	CHE A CONSE	SONI FONI FQUENCE C FQUENCE C	of tien	Hea gdi	xtiabe	fail	RD 3 lure,		s.CV	APPI	COXIMATE	NTERVAL AND DEATH
RECO LD BE PENDI MEDI A SA A CREATI	CERTIFICATION	19a. DATE OF C	CAUSE WAS	21b.	TIME OF IN	JURY	HICH OPER	21c HC			ED LENTER!	NATURE OF INJUI	RY IN ITEM 18	BPART I OR PA	YE	TOPSY?	NOT
DIVISION OF VITAL THIS CERTIFICATE SHOUN WRITING THE WORD." WARDED TO THE CHIEF AACE 3 SHOULD BE USE TATE DEPARTMENT OF H	MEDICAL	UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	CURRED HOT WHILE AT WORK	DEATH 21e	P.M. PLACE OF REET, FACTOR	INJURY	19 (AT HOME,	21f LO	TREET			CITY OR TOW	N	co	PUNTY		STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STA	23a.E		that I took charg I from: Natur AME T) ON, REMOVAL 2	Fra 3b. DATE	X. A. M.C.I	S C Z	ME OF CEA	AETERY O	TITLE (S.D. ADDRESS_	PECIFY) PPN III2 ORY	Under	Inquiry learnined man	NER Vals	DATE SIGNI	1. Cu	mbe	Sana Sana
DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECT	OR M.Roti				3	7,011	- 047	25a. DATE	REC'D. BY	REGISTRAR	25h REC	ISTRARE	DNATU	REALLY	for lift.

AND CONTRACT OF THE PARTY OF TH Tought White Chart, N. 27 ATT TO THE PARTY OF THE PARTY O counties of Sourti, western, ye. Thouse there of Standing . He care the control of the control Transit is bonn, with the bonner is THE REAL PROPERTY OF THE PROPE CHICAGO HELLY THIN HOTE ASSESSED The state of the s during to the best of the water of the world forcer Myneral wife. attem M. nothwork . Mayser, W. Ma.

	FOR
۱ -	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G NO			
		RUBY		JANE			20. DATE OF DEA	ТН момтн		20.11001	
	Female		White MONTH		DAY YEAR	6 AGE (IN YEARS LA		MONTHS		24 HRS MIN.	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		FOREIGN 7	USA	WHAT COUNTRY	MARRIE				MC		
Cumberland			SACRED HEART				OST OF WORKING LIFE) INDUSTRY			SS OR	
13a. S	D	136 COUNT	Υ	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO 🛣	1067 Na	tional	l High	ray	
14. FA	FIRST	m 2	DDLE	LAST				HE		LA5T	
{1				ES? 166 SOCIAL SECURITY NO. 17 INFORMA			ADDRESS				
NO	Conditions, if ony gove rise to im couse (o), stori underlying couse	, which mediate ng the e lost	DUE TO, O	R AS A CONSEQUE	JENCE OF	NOT RELATED TO THE TER.	MINAL DISEASE OR	CONDITION	GIVEN IN PA	RT lio	
TIFICATION					H OPERATIO	N WAS PERFORMED		200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
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<	obove (I) (we) (27) SIGNATURE 22d. PHYSICIAN'S N	ed olive on did (did not)	oc to	ofter death.	87 or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR PH	he date and STAFF IYSICIAN	226.	n the couses state DATE SIGNED () - 26	
	3. SEE 170. B 10 C C C 130. S 14. F 2	1. DECEASED NAME (TYPE OR PRINT) 3. SEX FEMALE 70. BIRTHPLACE (STATE OR COUNTRY) Indiana 10. CITY OR TOWN OF DE Cumberland USUAL RESIDENCE (IF NUR 130. STATE MD 14. FATHER'S NAME FIRST WILLIAM 160. WAS DECEASED EVER (YES. NO OR UNKNOWN) NO 18. CAUSE OF DEA' PART 1. DEATH V AT WORK PART 2. OTHER SIG Underlying couse 190. DATE OF OPERA OR CONTRIBUTING (IF EITHER NOTEY MED 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY MED 210. ACCIDENT WAS UN OR CONTRIBUTING 210. ACCIDENT WAS UN OR CONTRIBUTION 210. ACCIDENT WAS UN OR CONTRIBUTING 210. ACCIDENT WAS UN OR CONTRIBUTING 210. ACCIDENT WAS UN OR CONTRIBUTING 210. ACCIDENT WAS UN OR CONTRIBUTION 211. ACCIDENT WAS UN OR CONTRIBUTION 212. ACCIDENT WAS UN OR CONTRIBUTION 213. ACCIDENT WAS UN OR CONTRIBUTION 214. ACCIDENT WAS UN OR CONTRIBUTION 215. ACCIDENT WAS UN OR CONTRIBUTION 216. ACCIDENT WAS UN OR CONTRIBUTION 217. ACCIDENT WAS UN OR CONTRIBUTION 218. ACCIDENT WAS UN OR CONTRIBUTION 219. 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DECEASED NAME	DECEASED NAME

24 FUNERAL DIRECTOR
NAME
SCARPELLI DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 236. DATE 10-26-81

FUNERAL HOME

23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial

108 VIRGINIA CUMBERLAND,

23d LOCATION CITY OR TOWN

COUNTY

STATE

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ALLESANY COUNTY

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of the Canal north and the Market Company and the

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Hillaryot Heres E. SCAPERILL RUMERAL HOME CURGERLAND.

	3. SE	LILY	Mae L			20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
71	3. SE		MICCE	EWIS		OCTOBER 27,	1981	4:45	
21		× Female	4 RACE White	5 DATE OF BI	7. 1924 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 H	
34	7o. 81	RTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 0		9 BALTIMORE CITY OR COUN			
Sand Sand		Maryland Maryland	u. s. A.	MARRIED WIDOWED	NEVER MARRIED	ALLEGANY COUNTY,			
52		Cumberland,	11. NAME OF HOSPITAL, NURSI LIFNOT IN SUCH FACILITY, GIVE STREE SACRED HEART	T ADDRESS)	TAL	12h KIND C	of Business th Cen		
35			or other institution give residence before the company 13 Cumberly	Wand 113d	INSIDE CITY LIMITS?	705 White Ave.			
11	14 FA	Schley	MIDDLE Lyons		Nanhie	ME MODIE	Mari	shal	
1	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC 212-16-4		r. Donald G	. Lewis, 705 Wh	ite Ave.	21502 Cumb.	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line far (o), (b), a	- +	isis to s	0 - 00	APPROXI BETWEEN	MATE INTERVAL DINSET AND DEA	
		IMMEDI.	ATE CAUSE (U)		ess w	evin Vlus	2 m	med	
		Conditions, if any, which	DUE TO, OR AS A CONSEOL		of rear	moral colon	24	2	
		gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQU		1		1		
		underlying cause last.	(c)	JENCE OF					
nlory.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	NINAL DISEASE OR CONDITION C	GIVEN IN PART 110	31	
-	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION W	AS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	GS USED	
0	RTIFI	1978	Carreer	Jag	and colo		TIFYING CAUSES	NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2)		
	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19					
3	ME	WHILE IN NOT WHILE IT	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		LOCATION	CITY OR TOWN	COUNTY	STATI	
	Ħ	270 L certify that Dathis has	oital) attended the deceased from	10/25	10.87	10/27	. 19 8/	al a series of	
		sow the deceased alive a	10/27 195	FALL and the	at in (my sout) opinion	death accurred on the date and h	aur and from the	couses state	
		22h CONATURE	all view the body ofter death.	DEG		distribution in	22c. DATE		
		Thomas	1 to Temis	1.2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/2	8/8/	
1		22d. PHYSICIAN'S NAME TTYPE	OR PR. 1.	22 e	ADDRESS			- 3/	
		LEWIS, THO	MAS F. M.D.		P.O. BOX	2455, CUMBERL	AND, MI	D.215	
	23a. B	URIAL, CREMATION, REMOVA SPECIFY) Burial	10/29/81 23c.	NAME OF CEME	TERY OR CREMATORY Morial Park	23d LOCATION CITY OF TOWN CUMberland, A			
			1 1/1/70/81	INADT MO	מאומא צחואט	- 1 0 1 1		44 - 4- + 6 D	

STATE OF MARYLAND

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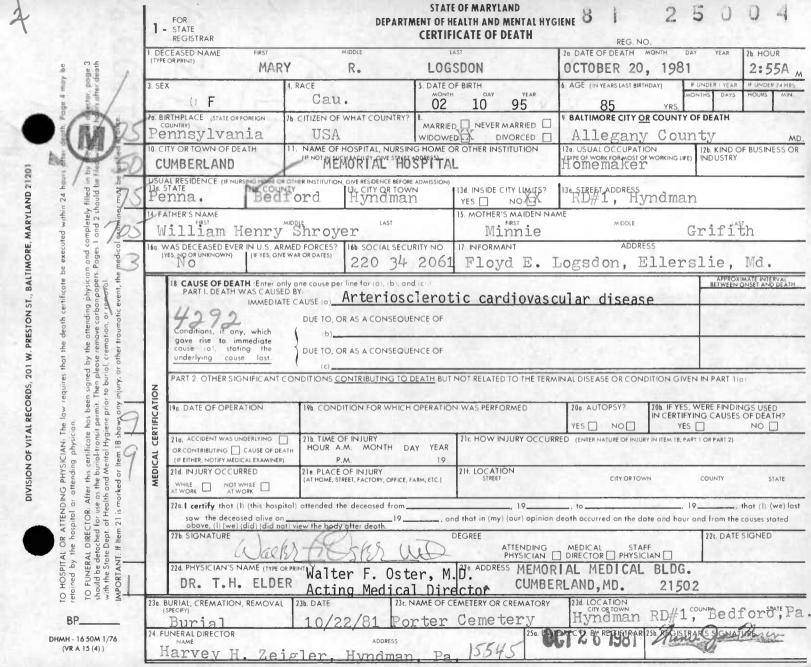
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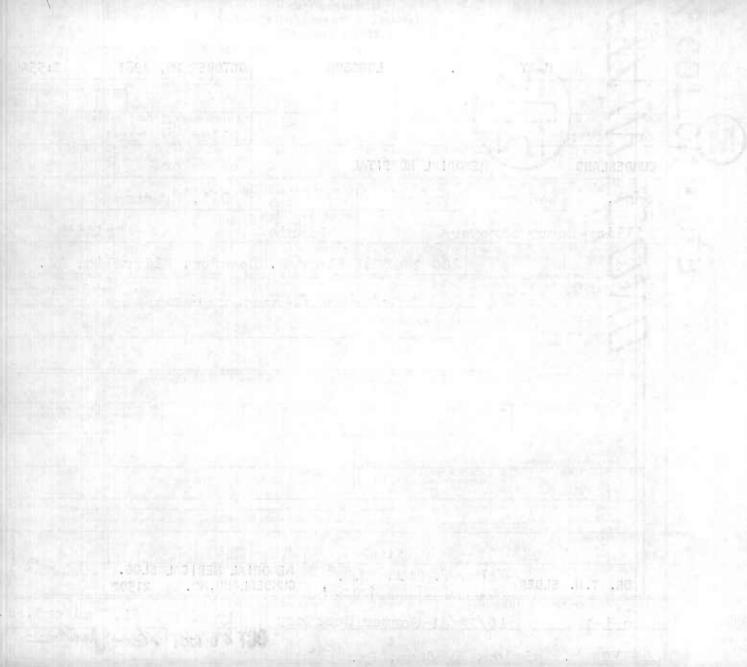
LEWIS, THOPAS EL M.D. P.C. BOX 2655, CUMBERLING, HD.21502

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GEORGE E.H., 202 GREEN ST.CUMBERLAND, NM. FV D 3 1981 ZAGE STEEL

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DHMH-16 25M (VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MONTH DAY 2h. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 126 KIND OF BUSINESS OR OF WORKING FEED INDUSTRY SOMEONES S (TYPE OF WORK FOR MOST OF WORKING FE) APPROXIMATE INTERVA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN onaconing.

STATE OF MARYLAND

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		FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE REG. NO.	25006
		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
be oth		RILEY	TRUMAN	MALICK	OCTOBER 2,	1981 11:16M
Tal.	3.	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ME)		Male	White	May 17,1902	79 Y	RS DAYS HOURS MIN.
ė	.70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
in 7	5	W.Va.	U.S.A.	WIDOWED DIVORCED	ALLEGANY C	OUNTY, MD.
with with	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	NG (IFE) INDUSTRY
De led	2 4	Cumberland	SACRED H	EART HOSPITAL	Farmer	Farming
ould be	5 13		OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13c. CITY OR Augu	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS	? 13e STREET ADDRESS	
Z sh	, 1 14	FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN		
7m/	4	Owen	Mali	ck Ida	WIDDLE	French
dicol	> 16	WAS DECEASED EVER IN U.S.		SECURITY NO. 17. INFORMANT	ADDRESS	
To E	2	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 232=	62-6556 Mrs/F1	ora Malick A	ugusta, W. Va.
the the		18 CAUSE OF DEATH (Enter	only one couse per line for (o)	ou and to	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent		PART I. DEATH WAS CAU	ISED BY	modern Henry	* I tillull	/
r rer		4280 IMMED	IATE CAUSE (o)	partie for	Dir. Com	
mot mot		1000	DUE TO, OR AS A CONS	EQUENCE OF		
otion		Conditions, if ony, which gove rise to immediate	(b)	/		
her		couse (o), stoting the	DUE TO, OR AS A CONS	EQUENCE OF		
0 10		underlying couse lost.	((c)			
injury, o	3	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
Drig Qny	7	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
shows	1 8				YES NO	YES NO
Mental Hygiene or Item 18 shows	2 8	210. ACCIDENT WAS UNDERLYING	110110 1 11 110110	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	M 18 PART I OR PART 2)
en de	1 3	OR CONTRIBUTING CAUSE OF	DEATH	DAY YEAR		
Ar Item 18	AEDICA!	21d INJURY OCCURRED	21e PLACE OF INJURY	2H LOCATION		
ed	1 3	MOLWHILE	(AT HOME STREET, FACTORY, O	FICE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
morked		AT WORK - AT WORK				
is is		sow the decades of give	spiral) attended the deceased t	200	, to	, 19, that (I) (we) lost
5 6		above, (I) (y/e)/districted	not structhe body after death.	, and that in (my) (our) apin	ion death occurred on the date one	hour and from the couses stated
Te do	. 1	276 SIGNATURE	/// \	DEGREE		22c DATE SIGNED
T F	13	MANARA	Works IT	ATTENDING PHYSICIAN	G MEDICAL STAFF N DIRECTOR PHYSICIAN	
E Stote	1	THE PHYSICIAN'S NAME (1)	Calabrilli 111	22e. ADDRESS	The same of the sa	
the ORT		1				
should be detached with the State Dept. MPORTANT: If Item	1		SHBERGER, M.			RLAND, MD 2150
	23	BURIAL, CREMATION, REMOV	AL 23b DATE	23c. NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	COUNTY STATE
		Burial	10/5/81	_Mt. Zion Cemet	ery Augusta H	ampshire W.Va.
OM 1/81	24	FUNERAL DIRECTOR	ADD	ASA.	DATOREE DABY REGISTRAD	CITY SIL HONARINE
15, 4)				USTA. WV 2670#	7 9 1901	-10)
	=	MCKEE FUNERA	L HOME AUG	USIA, NY 20/04		

Tracermy company a nd E gual drillian e . N. . . ATHOREM SELLE LETOLE . AT TO LOS -SES SAMUEL WAREHOLDER M.D. 925 SETON ORIVE, CHMBERLAND, NO RISH SHIGHE HUNERAL HONE ANGUSTA, WW. SCHOOL SANSKE

ZEIGLER FUNERAL HOME: HYNDMAN, PA. 15545

(VRA 15, 4)

STATE OF MARYLAND

HOMAS COLLUERS 21 1981 ATTAINS ANASSITA ASACOED WEART HOSPITAL CO. TIMOTHY SOUNDEDNE, M.D. 1881 28 LAND SELECTION OF THE LEAD OF THE LAND SELECTION OF THE LA ZEIGLER ENNERAL HOME; HYNDHAM, PA. 15515 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CANNOND T. DATTHOUY 10.11. ALL ECVIN COUNTY TATISSON TEASH DEBOAS OF CONTRACT SCHOOL STORE IN TOR STORE A STORE AND ASSESSMENT OF THE STORE OF THE STORE ASSESSMENT OF THE STORE OF THE STO HEREALLI YARRELLA UNUMER a stoo It Tell down at hear the said COS SETON DRIVE, CUNSERLAND, NO V. FUAL PELIFY 10/12/41 St. Likers Coll. Street in Datasent

X		1-	FOR STATE			DEPARTMENT OF	HEALTI		ENTAL HY			2.	5	0 0	9
		1 25	REGISTRAR	FIRST	ME	DICAL EXAMIN	IEK.2		CATEOF			REG. NO.			
	25 55 55 FT		CEASED NAME PE OR PRINT!	Marvin	H. Mc	Bride		LAST		2		STI-	Oct	DAY YEAR	3: a _M
1642	PLEASE ECTOR. FILES. HOURS STREET,	3. SE)	(4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE	ARS IF U	DER 1 YR.	IF UNDER 24				MONTH	DAY YEA	
	2007		le	White	Oct. 26	, 1913 67	RS. MON	HS DAYS	HOURS		RONOUNCE DEAD	Oct			Blaa
0		FO	RTHPLACE (ST. PREIGN COUNTRY)	rginia	76. CITIZEN OF W		WIDOV	VED 🗆	VER MARRIED DIVORCED			Legany	7		MD.
	PAGE FILE	C	umberla	and /	11. NAME OF HO (IF NOT IN SUCHE Memor	SPITAL, NURSING HOM ACILITY GIVE STREET ADDRESS) IAL HOSPITA	E, OR OTH 1	ier institu	TION	Reti	AL OCCUPAT OST OF WORKING .red	ION (TYPE O		Vell I	BUSINESS STRY Priller
21201	ANY DE AND 3 T RETAIN HOULD B HOULD B	USUA 13a S	TATE Va.	Miner	tv	131. CITY OR TOWN Ridgeley	ION)	13d. INSIDE C	ITY LIMITS? 1		12 Caj	cpente	er Av	e.	
RE, MD.	GES 1, 2, MA PM 3. AND 2 SH	14. 5/	ATHER'S NAME FIRST		n N. Mc B	{AST		15. MOTHE	ER'S MAIDEN	NAME	V K	LE		LAST	
ALTIMO	AS AFER DEATH. IF ANY DELY BE GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P T. PAGES 1 AND 2 SHOULD BE DIVISION OF VIVAL RECORDS.		VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. ARA		214-05-62		Mrs.				ADDRESS		, Wife	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	WITHIN 24 HOL ENCIL IN ITEM 18 AINER ALONG TRANSIT PERMI VITAL HYGIENE, OR REMOVAL.		PARTIDE Candition gave ris cause (a)	IMMEDIAT Is, it any, which the tall immediate stating the under-	D BY: TE CAUSE (a) DUE TO, OF	R AS A CONSEQUENCE	ĦIOS		JLAR AC	CCIDE	ent du	E TO		APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
L RECORDS, 201	NDI	CERTIFICATION	PART 2 OTNES SIG	SNIFICANT CONDITIONS		BUT NOT RELATED TO THE TER				1 (g).				20 AUTOPS	5Y?
VITA	SHOULD ORD "PE CHIEF A BE USED. TOF HE BURIAL,	FIE	AL EVERNIA	L CAUSE WAS	21b TIME O									YES [NOVE
ON OF	CERTIFICATE SHOULD STITING THE WORD "PE DED TO THE CHIEF AN E 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BURIAL, O	MEDICAL CE	UNDERLYING CONTRIBUTIN	OR NG CAUSE OF I	HOUR A.A	A. MONTH DAY YEA	R		OCCURRED	(ENTER NA	LTURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART	2)	
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•	TO MEDICAL EXAMINER. TO MEDICAL EXAMINER. TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR. PAFER DEATH, WITH THE STEAM OF THE SHAMORE, MARYLAND, 2		22a. I certif death resulte ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	NAME Dr	e of the remains de ral causes X. Wisco Francisc	leyes	Autap	Hamid		MEDIC	Inquiry 2 rmined mann CALEXAMIN THE HOS	er ,	DATE SIGNED	10-2	22-1981 nd,Md.
	PE & P	(1	Buni		10-24-19	81 Davis M		al Ce	metery	Cu	mberla	and, A	lleg	any, Mc	STATE
4	DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. 1	UNERAL DIREC	James F	Scarpe	lli,Cumberl	and,1	id.	OCT	26	1981	Rom	A SPIC	Man	de-

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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2	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B	25)
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR PM
y be		GRAC		MERRRAUGH	OCTOBER	14. 1981	5:20 M
4 m	3 SE	х	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEA	
e do	-	Female	White	Jan 19 1913		68YRS	
H 25 H		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
de de		ryland	U.S.A.	WIDOWED DIVORCED DIVORCED	12	All	Legany MD.
offer and offer		CUMBERLAND	(IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HO	ADDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR	F WORKING LIFE) INDUSTR	OF BUSINESS OR
scuted within 24 hou a completely filled in a 1 and 2 should be call a witner must be	13a. S Ma 14. FA	TATE 13b. COU TYLAND ALL NAME FIRST SCOTT VAS DECEASED EVER IN U.S. AF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Cumber! MIDDLE LAST Willison RMED FORCES? 16b SOCIAL SECL	and YES NOTHER'S MAIDEN NA 13d INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA FIRST Bertha	307 Polk S	Street	mith
Son on one		YES, NO OR UNKNOWN) (IF YES, GI	214-07-4	4749 Mrs. JoAnne	147-1-4-1	Cumberlan	
opert.			nly ane cause per line far (a), (b), on		MICC		DXIMATE INTERVAL N ONSET AND DEATH
errific graph tempo			TE CAUSE (a)	otogeni Ca y V	3 lung	?	
endii cort n, or matic		1629	DUE TO, OR AS A CONSEQUE	ENCE OF			
that the de f by the att ease remove ol, cremotio r other trau		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUE	ENCE OF			
equires n signed Then pli r to burn injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1	(a)
The low r	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [INGS USED S OF DEATH?
SICIAN: 19 physic recrificat riol-trans ental Hyg hem 18 si		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
ottendir tter this os the bu h ond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
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TAL OR , y the ho RAL DIRE detochec tote Dept		27b. SIGNATURE	leno		MEDICAL STAF	F 140	ESIGNED
to HOSPIT. etained by TO FUNER, should be d with the Sta		DR. ANTHONY		276. ADDRESS 955 FREDE	RICK ST.,	CUMBERLAN	ID. MD
D 5 5 4 3 3		URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
BP		Burial	Oct 17,1981 I	Millcrest Burial Pl	Cumberlan	nd Allegany	Maryland
HMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR	40000 40	04 Decatur St 250. DAI	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	Marton
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ames F. Scarpelli Cumberland, Md.

FOR

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DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOTE:	1981 7, 1981				
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	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 1	# #	2 5 0	1 3
	I. DECEASED NAME	FIRST	WIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR DIV
ge 3	(THE ORPRINT)	JAMES	LEO MI	CHAE	15	OCTOBER	22.		+:45
mo)	3. SEX	4 RACE	11,	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
a de co	MALE	WH	ITE	MAY	8, 1910 YEAR	71	YRS	MONTHS DAYS	HOURS MIN.
2 90 SON	(a. BIRTHPLACE (STATE	OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	8	DI NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
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(W) to	CUMBERLA!	(IF NOT I	OF HOSPITAL, NURSIN N SUCH FACILITY, GIVE STREET MORIAL HO	ADDRESS)	AL	120. USUAL OCCUPAT LITYPE OF WORK FOR MOST EXTRUSION—		126. KIND OF INDUSTRY LE CELA	BUSINESS OR
	USUAL RESIDENCE (# N 130 STATE MARYLAND		13c CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔼	RT. 3, BC	X 454		
etely 12 sh	14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				
ond ond	JOSEPI	H	DANGORRASHI	5	ANN	WIDDLE	MAR	TIN	
ond co	160 WAS DECEASED EV	ER IN U.S. ARMED FORCE		JRITY NO.	17. INFORMANT	ADDR	RESS		
S. Po	YES	WW 2	217-10-	4939	MRS. RACHEL	MICHAELS, F	ROSTB	URG, MD.	RT.3
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ING PHY After this os the bi th ond A orked or	AALLIEE NO.		CE OF INJURY E. STREET, FACTORY OFFICE F		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
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TAL OR yy the ho RAL DIRE detochec tote Dept tote Dept	226. SIGNATURE	Wallers	7	N		MEDICAL STA		27c. DATES 236-	
HOSPI bined b FUNE ould be think S	22d. PHYSICIAN'S	NAME (TYPE OR PRINT) THONY J. B	OLI TNO	ID.	955 FREDEI	OLCK CT	CHMD	EDI AND	MD

234 NAME OF CEMETERY OR CREMATORY

236. DATE

DHMH - 16 50M 1/B1 (VRA 15, 4) DURST FUNERAL HOME, FROSTBURG, MD.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
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23d LOCATION CITY OR TOWN

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	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL I ICATE OF DEATH	IYGIENE	REG. N	2	5 0	15
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	BIRTHPLACE (COUNTRY)		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE			AORE CITY O	OR COUNTY OF	FDEATH	MD
-	CUMBER		(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET OR IAL HO	ADDRESS)	AL		OCCUPATION PI	pefitte	IZE KIND O	F BUSINESS OR
to 13	SUAL RESIDENCE STATE	E (IF NURSING HOME OF ALLE	OTHER INSTITUTION NTY Bany	GIVE RESIDENCE BEFORE 13 CHY OR TOW Cumberl	and	13d. INSIDE CITY LIMITS	Apt.	1316°	Oldtown	e Man	or Apts.
E 1 1	FATHER'S NAM FIRST James	W.	WIODLE	Miller		15. MOTHER'S MAIDEN Bessie	L.	~Val	entine	LAS	T
medicol 160	WAS DECEAS YES NO OR UNKE	ED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT Dennis Wolf	e-Son-	In-Law		rland	, Md.
8 shows ony injury, or other troum.	gove rise couse (or underlying		DUE TO, OI	or, d	DEATH BUT	NOT RELATED TO THE TI		ASE OR CON	DITION GIVEN 20b. IF YES, W IN CERTIFYIN	FRE FINDIN	IGS LISED
shows	21a ACCIDEN	WAS UNDERLYING	7 21b. TIME O	E INTUDY		121- HOW BUILDY OCC	YES [,	YES [NO
		TING CAUSE OF DE	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PART 1	1 OR PART 2)	
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m 21 is mo	sow the	that (1) (this hospi deceased alive on 1) (we) (did) (did no	10-	18 19 8		d that in (my) (our) opini	on death occu	rred on the de	ote and hour on	od from the	that (I) (we) lost couses stated
IMPORTANT: If He	22d. PHYSIC	AN'S NAME (TYPE O	e privi	Jewery	2	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICA DIRECTO	NL STAI	FF IAN []	10 -	SIGNED 30-27
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	Burial	ATION, REMOVAL	Oct. 3	31, 1981	Rest.	emetery or cremator lawn Memoria	23d. LO Cum	cation bertan	d Alle	gany	Md .STATE
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	1	FOR STATE REGISTRAND		DEPART	MENT OF H	EALTH AND MENTAL HYG	REG. N	2	5 0	ió
		CEASED NAME FRST	14 000	MIDDLE	l.	NST	20 DATE OF DEATH		DAY YEAR	26 HOUR A
90.0		JOSE	PH	UPTON	MOR	SAN	OCTOBER	28,	1981	1:55Mm
IM	388	Male	4. RACE Whi	te	S. DATE C	F BIRTH ch 22 1918	6 AGE IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 MRS
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filled in bould be	13a.	AL RESIDENCE (IF NURSING HOME OF	other institution	GIVE RESIDENCE BEFORE	ADMISSION)		13e. STREET ADDRES	Hill S	Street	
r and campletely	16a \		MIDDLE RMED FORCES? VE WAR OR DATES) V. W.	Morgan	RITY NO.	IS MOTHER'S MAIDEN NAME FIRST Maudie 17 INFORMANT Mrs.Margar	Trer	RESS	Blandarton,	đ
n signed by the ottending physicia Then please remove carban popers r to burial, cremovion, or removal, injury, or other troumotic event, the	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OI		D ARR	nicetony of	milure mislion mil anning	m Regar	APPROXIVE BETWEEN C	MATE INTERVAL NASET AND DEATH
hos been it permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WATCH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO NO		WERE FINDIN	
certificate rial-trans	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT OR PART 2)	
ter this os the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET FACTORY, OFFICE, F	ARM, ETC)	21E LOCATION STREET	CHTY OR TO	OWN	COUNTY	STATE
for use of Healt	ľ	sow the deceased alive ar obove, (1) (we red) (did no	Det	20 19	707 81. an	d that in (my) (our) opinion o	, taOG death accurred on the c	late and hour		that (1) (we) last couses stated
JERAL DIRECTOR detached Store Dept.		226. SIGNA ORE	4/10	om	19	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. DATE S	SIGNED
TO FUN should b with the	22	SHIN KIM,	M.D.		/	90 MAIN ST		RNPORT	r, MD	21562
SP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10/30			metery or crematory eph Cemeter			COUNTY	Md
H- 16 50M 1/81 (VRA 1S, 4)		UNERAL DIRECTOR NAME I CHORN FUNER	AL HOME	ADDRESS MATN	Ст	LONACON I NO	KD 3 1981	25b. REGISTR	PAR'S SIGNATU	JRE 72
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111 CHURCH ST.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

FUNERAL

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STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	REG. N	0.	5 0	1 9
I. DECEASED NAME	FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	ICENT DEI	PAUL N	ANOONAL	V	OCTOBER 4.	1981		8:20 A
3. SEX	4. RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE	WHITT	T.	12	-15-19-7 YEAR	73	YRS.	ONTHS DATS	HOURS MIN
Po. BIRTHPLACE (STATE OF FOR		WHAT COUNTRY?	8	37	9 BALTIMORE CITY		OF DEATH	1
MARY LAND	US	٨		D NEVER MARRIED				
IN CITY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	ALLEGA	NY COU		OF BUSINESS OR
CUMBERLAND		SACRED HE	DDRESS)	HOSPITAL	RET TRED, MO	OF WORKING LIFE	HOTE	
	HOME OR OTHER INSTITUTION COUNTY LLEGANY		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 182 N. CE			
14 FATHER'S NAME		de martin		15. MOTHER'S MAIDEN NA				
JAMES	F.	NOONA	AN	MOLLY	MIDDLE G.		KING	
160 WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES]	166 SOCIAL SECUE 217-10-48		DOROTHY S.NOO	ADDR		. 2150)2
Conditions, if only, w gove rise to immed couse (a), stating	CAUSED BY. MEDIATE CAUSE (o) DUE TO, C hich (b)		NCE OF	respiratory disame	frilme	ales	APPROX BETWEEN	imayê interval Onset and death
PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 1	a
TIP ACCIDENT WAS INDICED.	N 196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
W TIL ACCIDENT WAS UNDER	VINC TT 215 TIME	VE INTUIDY		THE HOW BUILDING COURS	orn .			

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH YEAR LIFETHER NOTIFY MEDICAL EXAMINER P.M 21e PLACE OF INJURY

19 AT HOME, STREET, FACTORY OFFICE, FARM, ETC]

21f. LOCATION STREET

CITY OR TOWN

COUNTY STATE

saw the deceased olive an obave, (I) (we) (did) (did not) view the bady after death in (my) (our) opinion death occurred on the date and haur and from the couses stated 226. SIGNATURE DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from

21d. INJURY OCCURRED

22e ADDRESS

CEMETERY

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION ALLEGANY

MD

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1

MEDICAL

and Mental Hygie

TO FUNERAL DIRECTOR:

(VRA 15, 4)

BP

should be detoched with the Stote Dept.

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If He

MPORTANT

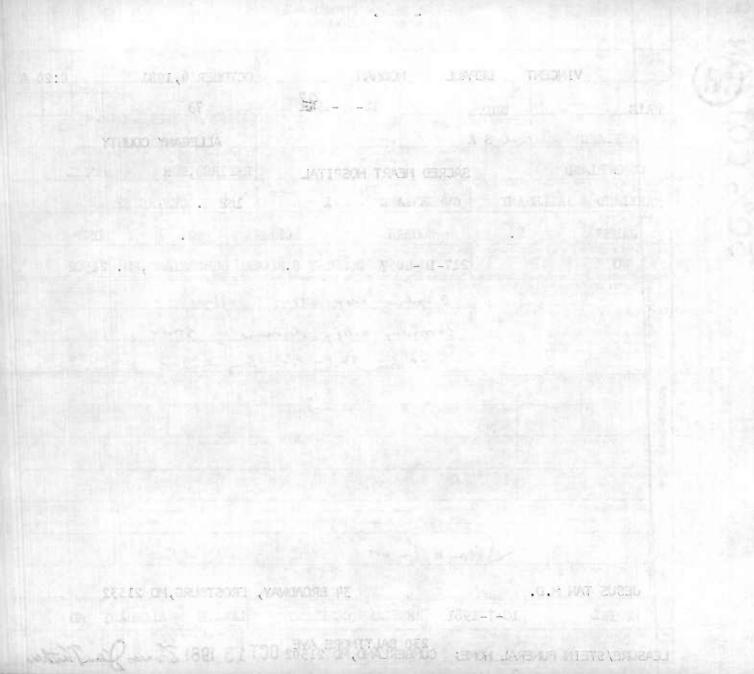
SPEBURIAL

230 BURIAL, CREMATION, REMOVAL

EASURE/STEIN FUNERAL HOME;

23b. DATE 10-7-1981

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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	ed within 24 hours after death. Pagi	npletely filled in by the funeral director. page 3 and 2 should be filed within 72 haurs after death	37	F 70. BIR Mer
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MARYLAND 21201	24 hour	filled in lould be f	The state of the s	May May
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

							REG. N	10.		
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	KATHR	YN	IRENE	NORR	IS	OCTOBER	26,	1981	6:15,P
	3. SE	X	4 RACE		5 DATE (6. AGE (IN YEARS LAST B	RTHDAY	MONTHS DAYS	
	_	Female	White			7. 24, 1907	74	YRS.		HOURS MIN.
5		Trill, Md.	76. CITIZEN O	F WHAT COUNT	RY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY			MD,
2		mberland, Md.		HOSPITAL, NUI ICHEACILITY CIVESI ED HEAI		PITAL	12a USUAL OCCUPAT Specific Work for Most Seams tres		LIFE) JOHN KIND (of Business or Employeed
L		AL RESIDENCE (IF NURSING HO)	Legany	GIVE RESIDENCE BI		134 INSIDE CITY LIMITS?	1302 014	own R	d.	
1		THER'S NAME MES FIRST	WIDDLE	Merrill		Drucilla	Hummel:	1	LA	ST
		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? 5, GIVE WAR OR DATES)	166 SOCIALS	ECURITY NO.	17 INFORMANT Lloyd Norris	o , Cumberla		Md. (Hus	sband)
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	DUE TO,	P WE DR AS A CONSE	Mo OUENCE OF Jaha	wa with	sessir.		BET WEEN	(MATE INTERVAL ONSET AND DEATH
	NOI	PART 2 OTHER SIGNIFICA	(5)			NOT RELATED TO THE TERM	NINAL DISEASE OR CON	NDITION G	IVEN IN PART 1	o
9	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	F DEATH HOUR A	OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFFI	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU CITY OR TO		(COUNTY	STATE
		270.1 certify that (I) (this h sow the deceased alive above, (I) (vertical) (di	on_ 10-	26	9.81 . 01	nd that in (my) (aur) apinion	to 10 — death occurred on the a	26 date and ha	our and from the	
	8	THE PARTY OF NAME (1	Ne	hau		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	CIAN		-27-8/
1	S	MEHANNA, J				909-B SET	ON DR C	UMBE	RLAND.	MD.215

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If he

24 FUNERAL DIRECTOR SCARPELLI F.H.; 108 VA. AVE.

230. BURIAL CREMATION, REMOVAL BUTTAL

0ct. 29, 1981

21502

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial

CumberTand

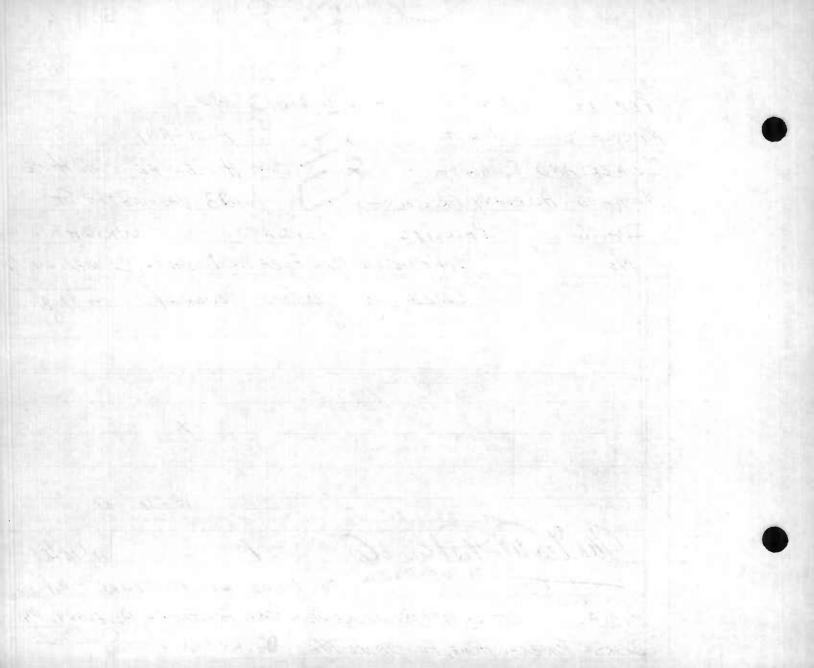
2 1981 Theres CUMBERLAND

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Md . STATE

TAKENAN TERME NORTE OCTORES 16, 1911 A TOTAL SECTION AND A SECTION AS A SECTION A CUARCELEIN, S.A. SACRED HEART HOSSITAL A COMMENSALE STATE the second report of the second second business business Thermal afficient filtre Love Mouris , Vogeoschen , 'al. threamon MEHENNI, JOHN M.C. CRO-B SETON DR. CUNTERLAND, ND. 2013 N Total Antender Transport Company Services Different Services Different Services Different Services Different Services Different Services Different Different Services Different

	1				OF MARYLAND	Ω 1	9 5	1 2 1
	1	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HY CATE OF DEATH	GIENE O I		3 60
m.e		ECEASED NAME FIRST	WIDDLE	LAS	ot 'C	20. DATE OF DEATH	MONTH DAY YEAR	
deo	2.0	Kheq	M	7/2	Drr13	10/18/8	THDAY) IF UNDER LYE	11:30 AM
-	3. S	FEMALE	WHITE	5 DATE OF	30,1901	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
MP	1	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
19	1	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUMEROT IN SUCH FACILITY, GIVE	URSING HOME OF	OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIND DE WORKING (IFE) INDUSTI	
De 10	USU			BEFORE ADMISSION)	sing Cente	HOUSEW.	IFE OWN	1 HOFIE
38	130			TBURG	YES NO 🗆		SHING TON	ST.
Classia Coming	14. F	ATHER'S NAME PIRST PAVID	MIDDLE PHINCE	15	S MOTHER'S MAIDEN N	IAME MIDDLE	WRIG	HT
medical		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL		17 INFORMANT	ADDRI	0	= 1. 1.10 M
he me	-	100	214-0	7-63694	MIRS, ELEN	TNOR DISHO		ECLAND, MIL
ent, t		PART I. DEATH WAS CAUSE		an nach	heline	- Teneren	BETWE	ROXIMATE INTERVAL
atic ev		799, IMMEDIA	TE CAUSE (a) DUE TO, OR AS A CONS	FOLIENCE	- Marie	10 1444	14	any .
aumo		Conditions, it ony, which	(b)	LOOLITCE	0			<u> </u>
ather tr		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EOUENCE OF				
ury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	í 1(o)
ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN	
d	F					YES NO	IN CERTIFYING CAUS	SES OF DEATH?
em 18 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 1B, PART 1 OR PART 2	2)
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
	1	AT WORK NOT WHILE AT WORK						
		22a I certify that (I) (this hosp sow the deceased alive or	16	01	that in (my) (pur) painin	n death accurred on the di	- 18 19 8/	_, that (I) (we) last
em 2		22b. SIGNATURE	view the body after death.	5	FOREE	a decim decimed on the di		ATE SIGNED
T: If I		Marcus	Mothsta	us 460	ATTENDING PHYSICIAN	MEDICAL STA	FE IAN 10/	18/81
IMPORTANT	1	22d. PHYSICIAN'S NAME (TYPE C	ORPRINTI	THSTEW	22e ADDRESS			, ,
O I		DP. HALI	1100			DWARJ- FR	OSTBURG	-141-210
	23a.	BURIAL, CREMATION, REMOVAL	236 DATE 2 / 1981	FROSTAL	METERY OR CREMATORY	23d. JOCATION ANY ORTOWN	OG BUNTY	ANY STATE
1/75	24	UNERAL DIRECTOR	41.21,1101	/ KE STALE		ATE REC'D. BY REGISTRAR		153085 clan
		The out Fals	HOLE ADDRE	DA OTOMO	e Mo	CT 2 6 1981	name	AL-PTERMON



		FOR STATE REGISTRAR		DEPARTMI	STATE OF MARYLAND ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 1 2	5 0 2 2
-		DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
r deoth				THERINE	O'NEAL	OCTOBER 12, 1	1981 6:35
in the second		Female	4 RACE Whit		5. DATE OF BIRTH F. D. 26, 7890 YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
W)	5	BIRTHPLACE (STATE OR FOR COUNTRY Maryland	u. s		MARRIED NEVER MARRIED WIDOWED DIVORCED	□ Allegany	OF DEATH
filed wir	25	CUMBERLAND	(IF NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD ORIAL HOS	HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE	126. KIND OF BUSINESS OR INDUSTRY home
shauld be	9	SUAL RESIDENCE (IF NURSING STATE Aryland	S HOME OR OTHER INSTITUTION 36. COUNTY Allegany	GIVE RESIDENCE BEFORE AL	TES L. TON	Rt. # 9 William	s Rd.
ond 2	0	John	WIDDLE	Elliot	t Jeanet		Oster
S. Poges 1	16	WAS DECEASED EVER IN (YES NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURI 220-52-9		en H. O'Neal, 212 R	erland, Md. eynolds St.
oermit. Then please remave con prior to burial, cremotion, and any injury, ar ather trauma	Z Z	Conditions, if ony, vgove rise to imme couse (o), stoting underlying couse PART 2 OTHER SIGNIE 19a. DATE OF OPERATION	diote the lost. FICANT CONDITIONS CO	R AS A CONSEQUEN DISTRIBUTING TO DE		IN CERITIF)	WERE FINDINGS USED YING CAUSES OF DEATH?
is the buriol-tronsit production of the buriol-tronsit production of the burion of the	A POINT		USE OF DEATH HOUR A. LEXAMINER) P. 21e PLACE LATHOME STE	M. MONTH DAY M.	19 211 LOCATION	YES NOW YES	
hed for use as spt. of Health tem 21 is mor		22a I certify that (I) (the saw the deceased	his hospital) attended the	7/ 108/	ond that in (our) opi	inion deoth occurred on the date and hour	ond from the couses stoted
uld be detoch the State De ORTANT: If It		Ska 22d PHYSICIAN'S NAM	uAne LE (TYPE OR PRINT)	'celle	ATTENDIN PHYSICIA		10/16/81
should be de with the Stot IMPORTANT	1	DR. SH	AN A. NATH		MEMORIAL	. HOSPITAL MEDICA	AL BUILDING
		BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 236. DATE 10/15/	81 Hi		Park, Cumberland, A	
50M 1/81 5, 4)		FUNERAL DIRECTOR 1. Wayne Geor	ge 202 Gree	ne St. Cun	21502 250 aberland, Md.	OCT 2 & 1481 Rome	PAR'S SIGNATURE

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HOSPITAL HEGICAL BUILDING	LAISONEM	MARITANE,	MARK AND
Swall whates in the same section the	Select Assesses	TOXES THE PER	Anistell .

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1	2502
		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26 H
200		Jame	s C.	Park	October	13, 1981
	3. SE	x Male	* RACE White	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UND
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY U.S.A.	7? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	9. BALTIMORE CITY O	R COUNTY OF DEATH
00	L	onaconing	(IF NOT IN SUCH FACILITY, GIVE STREET LIFE Jackson	Street	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF Retired	F WORKING LIFE) INDUSTRY
35	USU.	STATE 13b. COL	r other institution, give residence before inty I 3c city or to egany Lonaco	WN 138. INSIDE CITY LIMITS?	130 STREET ADDRESS	kson Street
examine 10	14. FA	Abram Abram	MIDDLE Park	15 MOTHER'S MAIDEN NA Jane	WIDDLE	Jones
medico		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	IVE WAR OR DATES!	2-8166 Mrs.Gene	Stevens	Newark, Del
rinjury, ar ather traumatic ev	rion	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Hyp. Hu	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	eralized atherose UENCE OF DEATH BUT NOT RELATED TO THE TERA	clerosis	
Swa on	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D YES NO
or Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED		DAY YEAR 19 21t. HOW INJURY OCCUR 21t. LOCATION	RED (ENTER NATURE OF INJUI	
orked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E. FARM ETC) STREET	CITY OR TO	
If Rem 21 is m			of) view the body after death.	, and that in my (aur) apinian DEGREE	MEDICAL STAF	ate and have and from the cause 22c. DATE SIGN 10 - 13
ANT.		22d PHYSICIAN'S NAME ITYPE				
IMPORTANT: H		Thomas J	.Devlin	Lonaconing NAME OF CEMETERY OR CREMATORY	Mdackson 1230 LOCATION	Street

Lonaconing

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR
NAME
Eichhorn

Funeral

Home

June 13, 24 E. Company of the compan Thomas J. Teviling sighteen finered inservations, throughout each company of the

1.	FOR STATE REGISTRAR		DEPARTM	ENT OF F	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	5 0	2 4
	CEASED NAME FIRST		MIDDLE		(ASI		MONTH DAY	YEAR	2b. HOUR
{TYPE	ROBER	RT	LLOYD	PE	CK	OCTOBER	2, 198	81	11:20
3 SE	Male	4 RACE White		Dec	DF BIRTH 15 PAY 19328	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	RTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D MEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF		M
	mberland, Md.	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET AF ED HEART	DDRESSI	PITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF Carpenter	OF WORKING LIFE)	INDUSTRY	Busines O
130 S M			13c CHTY OR TOWN Cumberla		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS Rt. 9, Box	229		
	enn	MIDDLE He	ndericks		15. MOTHER'S MAIDEN NA/	WIDDIE	Peeb	les [AS	ī
16a V	VAS DECEASED EVER IN U.S. / VES NO OR UNKNOWN) / LIE YES. (CS KOT	ARMED FORCES? GIVE WAR OR DATES) CAN	233-60-1		Mrs. Patsy	Peck Rt.	9, Box	229	
CATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION	T CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN 20b. IF YES, WIN CERTIFYIN	VERE FINDIN	NGS USED
CERTIFI	210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCURR	YES NO	YES [NO [
	OR CONTRIBUTING CAUSE OF (PEATH	M. MONTH DAY	YEAR 19		TO TOTAL MANAGE OF WAR	AT IN THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW	1011 AN1 27	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE FAR	RM. ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
H	22a.1 certify that (1) (this has saw the deceased glive above, (1) (we) (did (did			9-	nd that in (my) (our) apinion o	ta, ta	- 17.	nd Irom the	that (I) (we) lo
	22h SIGNATURE	olie	m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	22c. DATE	SIGNED
	URIEL VELAN	E OR PRINT)	.D.		22e ADDRESS 924 SETON			VD.MC	2150
23a. B	BURIAL, CREMATION, REMOVA		23c. NA		EMETERY OR CREMATORY st Burial	23d. LOCATION CITY OR TOWN	c	OUNTY	Md STATE
	UNERAL DIRECTOR NAME CARPELLI FUN	JERAL H	108	VIR	GINIA MA	Cumberlan 8 1981	VIII. REGIS	and	Kathen

DHMH - 16 50M 1/81 (VRA 15, 4)

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		FOR STATE					MARYLAND H AND MENTAL H	IYGIENE [2	5 0 2	5
		REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE C	F DEATH RI	EG. NO.		
		CEASED NAME	FIRST		WIDDLE	N	LAST	20. DATE KNO	THOM N	TH DAY YEAR	26. HOUR
2	1	L ON PRINTI	Perry		L.	Phi	llips	OF EST DEATH MAT	ED OC	et.26 19 81	10:30
E	3. SE	(4.	RACE S.	DATE OF BIRTH		N YEARS IF U	NDER 1 YR. IF UNDER		MONT	H DAY YEAR	2d HOUR
	M	ale		lov. 15.	21101 011	YRS.	THS DAYS HOURS	MIN. PRONOUNCED DEAD	Oct.	26, 1981	10:30
21	7a. B	RTHPLACE (STATE		CITIZEN OF W	HAT COUNTRY?	To	RIED XX NEVER MARR	9. BALTIMORE			
9			rinia	U.S.A.		WIDO			anv		MD
-1	ID C	W. Virg	DEATH II	NAME OF HOS	SPITAL, NURSING HO	OME, OR OT	HER INSTITUTION	12a. USUAL OCCUPATIO	N (TYPE OF WOR	12b. KIND OF B	USINESS
21		Frost	מיווים				spital DOA	FOR MOST OF WORKING LI		Celane	
-	USU	AL RESIDENCE (F	IN NURSING HOME OR OT	THER INSTITUTION, G	IVE RESIDENCE BEFORE ADA	AISSION)				Verane	12 lei
9		Marvland		tanır	Frostb		YES X NO	13e STREET ADDRESS	171oh S	+	
		ATHER'S NAME				-	15. MOTHER'S MAID	ENNAME	ALLON V		
0		Corder	M	IDDLE	Phillips		Etta	WIDDLE	T.	larris	
1	16a. \	VAS DECEASED	VER IN U.S. ARMED	FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	AD	DRESS	ICH I II-9	
1	(,	ES, NO, OR UNKNOW!	(IF YES, GIVE WAR	OR DATES)	234-09-4	735	Mrs. North	na Phillips.	Front	ning. Md	
		18. CAUSE OF	DE ATH (Enter only a	ne cause per line	e for (a), (b), and (c).)		1 14 03	W AILLIANS	110000	APPROXIMAT	TE INTERVAL
		PARTIDEA	TH WAS CAUSED BY	' :			LEROTIC	HEART NISH	EASE	BETWEEN ONS	ET AND DEATH
BURIAL CREMATION, OR REMOVAL.		14,16	MMEDIATE	()	AS A CONSEQUEN						
SEA.		Conditions, gave rise	if ony, which	4.5						11 11 11 11	
		cause (a) st	to immediate ating the <u>under-</u>	DUE TO, OR	AS A CONSEQUEN	CE OF					
		lying cause	lost.	(c)							
		PART 2 OTHER SIGN	FICANT CONDITIONS CONT		BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)			
	N										
7	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH O	PERATION	WAS PERFORMED?			20 AUTOPSY	1?
1	Ĕ	Section 1		13.00						YES 🗆	NO T
	W W	21a. EXTERNAL	_	216. TIME O		21c. F	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR		-
)	3	UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		A. MONTH DAY Y	EAR					
	MEDICAL	21d INJURY OC	CURRED	21e PLACE	OF INJURY (AT HOM	21f. LC	OCATION				
	¥		NOT WHILE	SINEET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOWN		COUNTY	STATE
				the semant de	scribed above, held a			n M. Inquiry M.	! -		
				50					and in my	opinian	
		death resulted	from: Natural c	auses VEI,	Accident .	Suicide _		Undetermined manner	<u></u> ,	7	
		ACTUAL	V	11100	France.		Deputy	100000000000000000000000000000000000000	DAT	1. 10/2	7/81
1	1	SIGNATURE 🚣	1	MACO			w.p. Debutoy	MEDICAL EXAMINER	51G	NEO /	1
23	-	EXAMINER'S N.	AME Giov	anni Ma	strangelo	M.D.	ADDRESS SACTA	ed Heart Hos	nitel.	Cumb. Md	TOOL
-	23a B	URIAL CREMATIC	ON, REMOVAL 236. I				OR CREMATORY	23d. LOCATION CITY OR TOWN			
	(Burial		t.30.19				K Frostburg.	A		STATE
	24. F	UNERAL DIRECT		, v. J. U. T. J	OT LIOS CD	urk Me	25g. DATE	REC'D. BY REGISTRAR 256	Allega REGISTRAR'S	S SIGNATURE	
	-	Daret.	Binanal U	ADDRESS	ostburg.	72 C	MOVIC		0.	W-	
		Durst	remerat p	Ome Tr	os courg.	70. 21	226	- 1001 0/301	mo ye	4 Balkla	<u> </u>

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Cierchi Petronico, N.O. and Secret Hart to Ital, Judy 121.

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There's Treat Home, Frontiers, M. 2153; MUU O & Mil Sures Lety Creat

AE 18.800

Oct.15.1981

SCARPELLI FUNERAL HOME, CHMBERLAND MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Sunset Memorial Park

108ADOWERGINIA AVENUE

LAST

REG. NO.

2h HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

STATE

Own Home

8:36p M

1981

YES [

Cumberland, Allegany, Md.

name

250 DATE REC'D. BY REGISTRAR 250 EGISTRAR SIGNATURE

n 198

COUNTY

22c. DATE SIGNED

-15-8

IF UNDER I YEAR

MONTHS DAYS

INDUSTRY

28 DATE OF DEATH MONTH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP

DHMH-16 50M 7/77

(VRA 15 (4))

FOR

- STATE

TYPE OR PRINT)

REGISTRAR

DECEASED NAME

Burial

24. FUNERAL DIRECTOR

90 configuration 1981 - 19 350		ACCY FOR	ar Ibana Tan	
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and mul elimenuo	ATTENDE	TYANI (TANDAS	100	wikestiffer.
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			CHARL CLICK	

1- 1	-	FOR	Kill Film	G501 11/	31.		ARYLAND	AL HYGIEN	8 1	6	2 5	0	21	
7		STATE REGISTRAR		ME	DICAL EXAMI		ERTIFICAT		TH	REG. NO				
		CEASED NAME	FIRST		WIDDLE		LAST	I	20. DATE KN	NOWN M	_	DAY Y	EAR 2b. HO	UR
결정되었다	(III)	CORPRINT	Reta			Rif	fle		OF DEATH W	AATED	10	22 19	81	AA
ALC: SH	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTH	YEARS IF UN	IDER 1 YR. IF UN		2c. DATE	50	монтн		YEAR 24 HO	THE NAME OF
(碧縣)		male	White	Annie 16	1906 75	YRS.	HS DAYS HOUR	RS MIN,	DEAD	EU	10	22 19	81 p.	
10000000000000000000000000000000000000		RTHPLACE (ST		76. CITIZÊN OF W	HAT COUNTRY?	8. MARR	ED NEVER M	ARRIED [9. BALTIMO	RE CITY O	R COUN	Y OF DEAT	Н	
ANTERNA STATE	10.01	W.	Va.	u. s.	Α.	WIDOW	ED XX DIV	ORCED	Alle	gany	Coun:			AD.
A SOLO	11	WALIGHU		11. NAME OF HOS	SPITAL, NURSING HOA		EMISTIT HIGH	Hi 12 USU	JAL OCCUPA	TION (TYPE IG LIFE)	OF WORK	12b. KIND C OR IND	OF BUSINESS OUSTRY	
D S BE		Cumber-		Sacre	Heart Hos	pital	Rd.	Ho	rusewif	se.		Own H	ome	
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS. "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE F. EF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE. FED AS A BURIAL - TRANSIT PERMIT, PAGES I AND 2 SHOULD BE FILED. HEATH AND MENTAL HYGIEINE, DIVISION OF WITH RECORDS, 201 V. AL, CREMATION, OR REMOVAL.	13a. S	ryland	Alleg	ity I any	134. CITY OR TOWN	nd,	134. INSIDE CITY LIMI		ELM S					
MD M	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S M		MIDD	DLE		LAST		=
DEA PE		Levi		J.	Findley		Mine	rva		ine		Taylo	九	
BALTIMORE S AFTER DEA GIVE PAGES GIVE PAGES FAGES I AN IVISION OF V	(Y)	AS DECEASED S. NO, OR UNKNO NO.	EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	219-14-63		Mrs. Ru	th P. E	Benson.	ADDRESS!	Buckh # 2	Box 2	74 V	α.
ST., BA OURS, A 11B. GI S WITH WIT. PA		18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE		e far (a), (b), and (c).)							APPROX	IMATE INTERVAL ONSET AND DEA	ЕН.
ON ITEM TEN PER VAL.		010		TE CAUSE (a)	Multiple Bl		njuries							
W. PRESTON WITHIN 24 H ENCIL IN 1TEA MINER ALON TRANSIT PER. NTAL HYGIEN OR REMOVAL	7	Condition	is, if any, which	DUE TO, OR	AS A CONSEQUENCE	: Or						-		
WIT	-		e to immediate stating the under-		AS A CONSEQUENCE	05								_
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ECORDS, D BE EXECTED BY D BE EXECTED BY MEDICAL O AS A BUR EALTH ANI CREMATII	Z	PART 2 DTNER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	OR CONDITION GIVEN	IN PART 1 o .						=
MEN WEN WEN WEN WEN WEN WEN WEN WEN WEN W	ATIO	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?					120 AUTO	PSY?	
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ATE, T		220 certif	y that I taak charg	ge of the remains des	scribed above, held an	Autop	[37]	ection ,	Inquiry		d in my ap			
BE F		death resulte	d from: Notu	ral causes ,	Accident XX,	vicide	, Homicide	. Undete	ermined mann	ier				
DE CER		ACTUAL	11.	Pn			TITLE (SPECIF	Y)			D 4.75		07 01	
RE, THE		SIGNATURE_	Magne	a Khala		м	.D. Assist	ant MEDI	ICAL EXAMIN	IER	DATE SIGNE	D	23-81	_
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		EXAMINER'S I	NAME Vir	ginia L.	Dolan, M.D	•	ADDRESS	III Pe	enn Str	reet				
5 <u>x</u> 45 4 8 —	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. NAME OF C			23d. LO	CATION OR TOWN		COUN	ATY	STATE	=
BP		BW	rial	10/26/81	Sunset	Memor	ial Park	Cun	nberlar				ruland	
DHMH - 17	24 FU	NERAL DIREC	Cook	ADDRESS	St. Cumbe	715	2 250 D	ATE REC'D. BY			ARSS	IGNATURE	111	
(VR A15 ME (5)) 15M 2/80	11.	wayne	beorge 2	uz Greene	. St. Cumbe	rland	Md.	CT 27	1981 2	fred	7	~ aru		_
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,	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1	25028
	DECEASED NAME FIRST DAVID	LEWIS	RINKER	OCTOBER	9, 1981 3:15P _M
3. S	Male Male	1. RACE White	S. DATE OF BIRTH NOV. 5, 1899	6 AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
335	Maryland	76. CITIZEN OF WHAT COUNTR	MARRIED MEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF Allegar	
150	CUMBERLAND	MEMORIAL H		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF MAINTENANCE	2 EMP. 126. KIND OF BUSINESS OR INDUSTRY AUTHORITE
35 N	UAL RESIDENCE (IF NURSING HOME OR I. STATE 13b. COUN Maryland Alleg	other institution give residence beh TY 13c. CITY OR TO Cumber	land, YES NO		Apt. Liberty St.
oxomin /	Pavid David	Rink	er Estella	MIGOLE	Noble
medical	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE W. W.	WAR OR DATES)	-5857A Mrs. Florine	ADDRES	cumbercaria, Ma.
8 shows any injury, or other traumat	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONTRACTOR OF OPERATION	luotic	netastur's to		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \) NO \(\text{TISTING} \)
is marked or Item 18 sh	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hospit	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	19 21f. LOCATION STREET	terred a debrief	Y IN ITEM 18 PART I OR PART 2)
MPORTANT: If Item 21	sow the deceosed olive on oboye. (I) (we) (did) (did not the second olive) and the second olive on oboye. (I) (we) (did) (did not the second olive) (did) (d	o J. Meme NO J. BARRER	DEGREE ATTENDING PHYSICIAN [228 ADDRESS MEMO CUMB	MEDICAL STAFI DIRECTOR D PHYSICI RIAL MEDIC	CAL BUILDING
230	BURIAL, CREMATION, REMOVAL		Rose Hill Cem.		id. Allegany Marijlan
	funeral director 1. Wätzne George 2	02 Greene St.	Cumberland, Md. 250.DA	TE REC'D. BY REGISTRAR 2	Sy GISTERS SEE MILLION

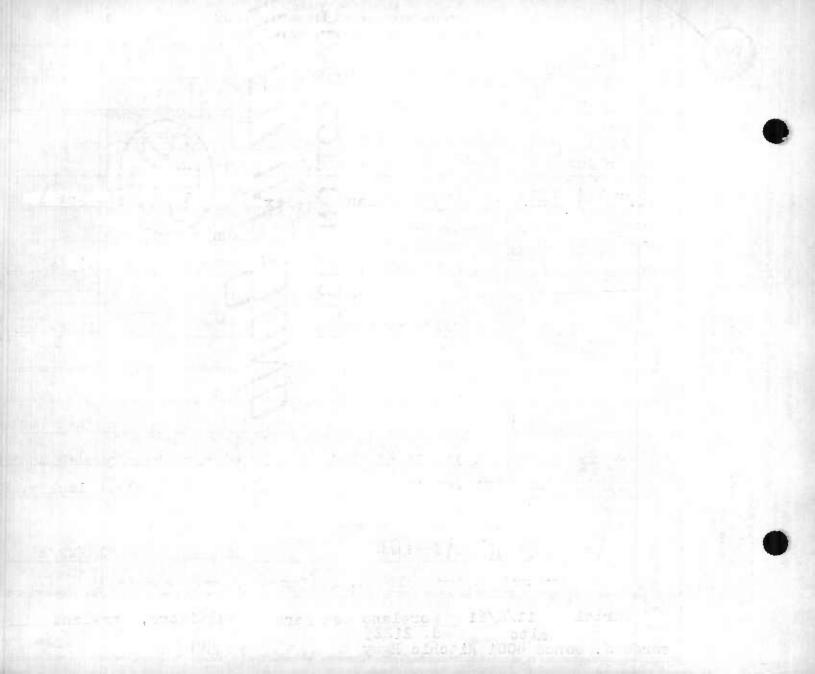
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BP_____ DHMH-16 50M 1/81 (VRA 15, 4)

		FOR			FATE OF MARYLAND OF HEALTH AND MENTA	AL UVCIENE	8	2	5 0	29
	1.	STATE REGISTRAR			TIFICATE OF DEATH		250 10			
		CEASED NAME FIRST		MIDDLE	LAST	20. D	REG. NO.		YEAR	26 HOURPM
	(1466	CHRISTO	PHER E	RICH ROE	DER	0	CTOBER 1	12. 19	981	8:25 M
-	3. SE		4 RACE	5 DA	TE OF BIRTH		GE (IN YEARS LAST BIRTH	(DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ER A		MALE	WH.		Y_11 1911	AR	70	YRS.	NIH3 DATS	HOURS MIN.
MIT		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY? 8.	RRIED NEVER MARRIE	9. BA	ALTIMORE CITY OR	COUNTY O	FDEATH	
00		MARYLAND	US		OWED DIVORCE	D 🗆	ALLECANY USUAL OCCUPATIO			MD.
O Garlied	C	UMBERLAND	(IF NOT IN SUC	HOSPITAL, NURSING HOME HOSE HOSE HOSE HOSE	PITAL		LT TRED BUT		CON TR	F BUSINESS OR ACTOR
P. Garage	13a.]	AL RESIDENCE (IF NURSING HOME OF NARY LAND) 136 COU	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISS 134. CITY OF TOWN CUMBER LAND	136 INSIDE CITY LIM	AITS? 13e.	BOS TROST	AVE.		
examine	14 FA	CHARLES	MIDDLE A.	RÖEDER	15. MOTHER'S MAID	DEN NAME	WIDDLE		ALBE	RS
medical		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY N			ADDRES			
med		YES, NORTHINKNOWN) (IF YES, G	VE WAR OR DATES	214-32-351	4 B.LUCILE F	ROEDER	808 TROST	AVE.	CUMBE	RLAND MI
y injury, or other froumatic ev	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEQUENCE C	OF C D OF OF OF OF OF OF OF OF OF O					·
shaws any	CERTIFICATION					YE	S NO TX	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
81 m		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY YE	AR 19	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
is marked or Item 18 shaws	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		21f LOCATION		CITY OR TOW	N	COUNTY	STATE
m 21 is ma		220.1 certify the of (this hosp sow the deceased slive or obove () (we) (did) did n			ond that (m) (our) o		occurred on the dot		nd from the c	
7. F F		22b. SIGNATURE	leno	7		DING ME	DICAL STAFF	AN []	22c. DATE 5	12-81
MPORTANT: If Item 21		DR. ANTHONY	W 19	LINO. JR.	22e. ADDRESS 955 FRE	DERIC	K ST.,	CUMBE	RLAND	, MD
3 3		BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMA		d. LOCATION		OUNT	State
-		BURIAL	OCT 1	5 1981 HILLC				ALLEC		ADMI AND
1/81		UNERAL DIRECTOR	12	ADDRESS		250. DATE REC	D. BY REGISTRAR	5b. RE 1584	conception	MITTON
,	51	ILCOX-MERRITT F	UNERAL S	SERVICE CUMB	ERIAND MD.	-		121 (0)240	-	

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STATE OF MARYLAND



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 ma retained by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120	0
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The laretoined by the hospital or ottending physician.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely fulled in by the funeral

	FOR STATE REGISTRAR CEASED NAME FIRST	MIDDLE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		5 U	2b HOUR
(146	Berns	ard M.	Rol	llins	October	31	.1981	12:30
3 SE	Male	4. RACE Caucasian	non-	OF BIRTH 3-27-08	6. AGE (IN YEARS LAST BIRTH	IDAY) IF	UNDER 1 YEAR	IF UNDER 24 HR
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT	MARRI		BALTIMORE CITY OR Allegany	COUNTYO	FDEATH	
C	umberland	ions Manor	N.H., Cumb	or other institution perland, MD	126 USUAL OCCUPATION OF WORK FOR MOST OF MINISTER—Te		INDUSTRY	stry
130. W		JNTY 13c. C	sidence before admission ITY OR TOWN DYSET	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 47 Maryland	Avenu	ıe.	
14 F	ATHER'S NAME FIRST Francis	A. F	lollins	15. MOTHER'S MAIDEN NAME FIRST Bessie	WE	Bu	ırkett	
		SIVE WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMANT	ADDRES			
	NO		32-60-7356	Lions Manor	N. H., Seto	n Dr.,		MATE INTERVAL POSET AND DEATH
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	CONSEQUENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	ITION GIVEN	IN PART 1(d	3 20
CERTIFICATION	19a. Date of Operation	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	GS USED OF DEATH?
	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. N	RY NONTH DAY YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	T OR PART 2)	
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	7	COUNTY	STATE
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) Aid)	oct:	27 19 8/	int of a (my) (our) opinion o	death occurred on the date	31, 19. e and hour o	9 1	hot (I) (we) los couses stoted
	22b. SIGNATURE	Di	6.		MEDICAL STAFF DIRECTOR PHYSICIA	AN 🗌	22c. DATE S	2/8/
				22e. ADDRESS				
	W. C. SPIGGL	() - ()	0	SETON DRIVE	, CUMBERLANI	D, MD	21502	
		E. M.D. O		SETON DRIVE	23d LOCATION	Mi	neral	W.Va

DHMH - 16 50M 1/81 (VRA 15, 4)

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tos tos	z Jayo			

	l	FOR STATE REGISTRAR	DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL H ATE OF DEATH	YGIENE 8 REG. NO.	2	5 0	3 2
		ECEASED NAME FIRST PE OR PRINT) DE A	AN WOODELL	ROSS			MONTH	1981	26 HOUR 5:06
(RA	3.5	EX	14 RACE	5. DATE OF E	RIPTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	1 UNDER 24 F
9	9	Male	White	NOV	7 191			MONTHS DAYS	HOURS A
ej.	70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMODE CITY O	R COUNTY	OFDEATH	
o to	5	Penna	U.S.A.	MARRIED WIDOWED	NEVER MARRIED	Allegan			
on the	CO.	UMBERLAND	11. NAME OF HOSPITAL, NURSIN	IG HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON DE WORKING LIE		
Se be	130	JAL RESIDENCE (IF NURSING HOME CONTACT 136 COL	or other institution, give residence before INTY Cumbers	033.0	INSIDE CITY LIMITS	13e. STREET ADDRESS	x 262	Newspa	शंगदाद
Sxdminer	14.	ATHER'S NAME FIRST Carev	MIDOLE LAST ROSS	15.	Mother's Maiden I		JL 202	LAST	adden
medical	1 6a	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b SOCIAL SECU SINE WAR OR DATES) 220-10-8		INFORMANT Pauline Ros	Rt.#3 Bo			(o(e)(e)(
s any injury, ar athe	CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	OUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	DEATH BUT NO		RMINAL DISEASE OR CONI 20a AUTOPSY?	20b IF YES	EN IN PART NO	GS USED
works 81	F	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	To-	1. 11014/111111111111111111111111111111111	YES NO		s 🗌	NO 🗌
Item 18	1 1	OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. MONTH DA	YEAR 19	IC HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART I OR PART 2)	
rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	II. LOCATION STREET	CITY OR TO	WN	COUNTY	517
dealt is mo		22a.1 certify that (1) (this has	pital] attended the deceased fram_		, 19	ta	,	19, tl	hat (I) (we
			in	, and t	hot in (my) (aur) apina	an deoth accurred an the do	ste and hav	r and from the co	ouses state
n 21		22b. SIGNATURE	2.322-9/	DEC	ATTENDING PHYSICIAN	MEDICAL STAF	F CAN C	10/1	1GNEDY
II. If hem 21	1	augusta 7	11/100					100	
ORTANT: If hem 21	-	224 PHYSICIAN'S NAME (TYPE		27	e ADDRESS MEI	MORIAL HOSE	PITAL	,MED.B	LDG.
MAPORTANT: If them 21	230	22d PHYSICIAN'S NAME (TYPE DR. RIAZ C BURIAL, CREMATION, REMOVA (SPECIFY)	ANJUA		e ADDRESS MEI	MORIAL HOSE	PITAL	,MED.B	LDG.

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	1.	FOR - STATE REGISTRAR		DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 1	2	5 0	3 3
		CEASED NAME E OR PRINT)	VIN	ROMAN	RUBY	LAST		18, 19	981	26. HOUR 6:45P
)	1	Male	4. RACE Ca	u.	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		ONTHS DAYS	IF UNDER 24 HRS
115		Penna.		N OF WHAT COUNTRY?	MARRI		9. BALTIMORE CITY OR Allegany		OF DEATH	MD
50		CUMBERLAN	D (IF NO	T IN SUCH FACILITY, GIVE STREET MEMORIAL	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Fire Warde)	WORKING LIFE	INDUSTRY	FBUSINESS OR Dept
E	13a. S	Md.	ING HOME OR OTHER INST 13h COUNTY Allegany	TUTION, GIVE RESIDENCE BEFORE 13t. CITY OR IOW Cumberlai	/N_	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 505 Easter	n Ave.		
11		Lewis	MIDDLE	Ruby		15. MOTHER'S MAIDEN NA NATION	WIDDLE		Ros	
- medico	160	VAS DECEASED EVER YES NOOR UNKNOWN) Yes	IN U.S. ARMED FOR (IF YES, GIVE WAR OR D. WWIL			Elva Blackli	505 Eastern Cumberland		21502	
B. Harris		PART I. DEATH W	H (Enter only one cau AS CAUSED BY: IMMEDIATE CAUSE	(a) Cauc	1	Quart			BETWEEN	MATE INTERVAL DINSET AND DEATH
r other troumotic		Conditions, if any, gove rise to imm cause (a), stating underlying cause	which nediote	TO, OR AS A CONSEQUI	af	lees selevos	w)		4	ears
hows ony injury,	CERTIFICATION	PART 2. OTHER SIGN 190. DATE OF OPERAT	198 198	CONDITION FOR WHICH	Luca		1 200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY! YES	WERE FINDIN NG CAUSES	IGS USED
sed or Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO THE EITHER, NOTHEY MEDIC 21d. INJURY OCCURR WHILE NOT WHI	AUSE OF DEATH HOI ALEXAMINER) ZIE P (AT HO	IME OF INJURY JR A.M. MONTH DA P.M. LACE OF INJURY OME STREET, FACTORY, OFFICE, F	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		COUNTY	STATE
Item 21 is morked		saw the decease	(this hospital) attend	ded the deceased from body after death.	11	nd that in (my) (our) apinian	, to	e and haur c	and from the c	
PORTANT: If Ite		22d. PHYSICIAN'S NA	OR (TYPE OR PRINT)	Vacce "	~	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA		10/14	SIGNED
MPOR		DR. WILL	IAM P.	IAMES		MEMORIAL	HOSPITAL N	MEDIC	AL BU	ILDING

TO FUNERAL DIRECTOR: etained by the hospital

should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

Silcox Merritt Funeral Home DHMH - 16 50M 1/81 (VRA 15, 4)

23ª BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Cumb, Md. 21502

23c NAME OF CEMETERY OF CREMATORY SEven Dolars Cath. Cem 23b. DATE OCT.21,1981

Bean's Cove

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3	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1	250	3 5
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR
noy be poge 3		JOH		SEIFERT	OCTOBER 12,	1981 5	:25 F
se 4 n	3. SE	x Male		July 30,1918	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HE	UNDER 24 HRS.
deoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN ALLEGAN	Y COUNTY	M
	R	umberland		ART HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF B	usiness o RR
24 hour	Pe	AL RESIDENCE (IF NURSING HOME OF STATE IS COU	or other institution, give residence before a NTY 136. CITY OR JOWN BUTTALO	Mills No K	130 STREET ADDRESS		
mpletely ond 2 sh	14. F.	ATHER'S NAME FIRST Howard	F. Seifert LAST	Grace Holl		LAST	
Poges 1		WAS DECEASED EVER IN U.S. AI	rmed forces? 166 SOCIAL SECUR 106 417-455 717-09-1	17. INFORMANT 7533 Mrs. Doro	thy Seifert,	Buffalo	Mill
requires that the death cer sen signed by the aftending t. Then please remove carbo or to buriol, cremotion, or re y injury, or other froumatice	TION	Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Confirm	CONDITIONS CONTRIBUTING TO DE	CE OF Artery DIS ATH BUT NOT RELATED TO THE TERM pulmonar	MINAL DISEASE OR CONDITION OF		
The low icion. The low has be nest permit given pri shows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS TIFYING CAUSES OF YES	DEATH?
ding physici ding physici s certificate buriol-tronsi Mentol Hyg		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART (OR PART 2)	
offendig frer this os the but th and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDI e hospital or DIRECTOR: A oched for use Dept of Heal		sow the deceased olive or	oital) attended the deceosed from 5	ond that in (my) (our) opinion	death occurred on the date and h	1219 2 , those	t (1) (se) los ses stated
Al the		226. SIGNATURE	dijob ml		MEDICAL STAFF DIRECTOR PHYSICIAN	10/13	. 1
TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote		WALLY S. HI	JAB, M.D.		ON DR., CUMBE		
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Oct. 15, 1981 1	me of cemetery or crematory edford County)	lem. Rank. Bedf	ordon Pa.1	5522
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR IEGEER FUNERA	AL HOME HYNDM		OCT 1 9 1981	ISTRAR'S HONATURE	Wather

OCTOBER 121 1081 5:25 FRANKLIN SELFERT SACRED WEART HOSPITAL | COT. TOPUS OFFICE Remarkably of the control of the con WALLY S. HIGHT. M.D. 49.0 (4M CALA 1939) 13 . . . 93 MOTES A-009 ZIRKLER FRANCERAL HOME HYNDRAM PA.

	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the haspital or attending physician.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	44	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Ir retoined by the haspital or attending physician.	
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1 - STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

JAMES

4 RACE

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH MIDDLE DAVID SMAFFER OCTOBER 20 1981 S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

	13.	Male	Cau.	4/4/13	68 YRS.	MIN.
15	Н	INTERPRETACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED XX WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF Allegany Coun	
m pelied w	CI	JMBERLAND	11. NAME OF HOSPITAL, NURSIN HEMORIAL HOS MEMORIAL HOS	PITAL		12b KIND OF BUSINESS OR INDUSTRY
ad blund be	13a. S Pe	enna Bedf		13d. INSIDE CITY LIMITS? YES \(\text{NO } \text{X} \text{X}	RD#1, Hyndman	
705	M	ilton W. Shaf		Stella Bi	radigan	LAST
s. Poges		NAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATEST		ryant, Hyndman l	RD#1, Pa.
event, th		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY: E CAUSE (a	enia E.	Cali	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ose remove carb		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ry tract infe	etim	
to buric	NO	PART 2 OTHER SIGNIFICANT C	1000	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN II	N PART 1(p)
Jiene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH			ERE FINDINGS USED G CAUSES OF DEATH? NO
ltem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	ORPARI 2)
as the but th and M orked ar	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt		22a I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did na	tal) attended the deceased from	A, and that in (my) (our) opinion of	teath occurred on the date and hour once	, that (I) (we) lost d from the couses stated
detached late Dept		Nobustiani		PEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	10-22-8
should be downth the Stor			IANO J. BARRER	22e. ADDRESS MEMOR	RIAL HOSPITAL, ME RIAND, MARYLAND	D.BLDG.,
vi \$ 5	23a. E	BURIAL, CREMATION, REMOVAL	23h. DATE 0/23/81 HV	AME OF CEMETERY OF CREMATORY.	224 LOCATION	ford, Pan

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Harwey H. Zeigler, Hyndman, Pa.

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	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	2 5	J	3 7
		CEASED NAME	FIRST		WIDDLE	l	AST	20. DATE OF DI	EATH MONTH	DAY	YEAR 2b	HOURPM
900			ELEN		М.		LINGBURG	OCTOBE		981		:10 M
	3 SE	X		RACE		5. DATE C		6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONINS		UNDER 24 HRS
		FEMALE		WHI	TE	10)- 23- 1920	60				
		RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED		CITY OR COU		ATH	
- 65	_	MARYLAND		US		WIDOWE			ALLEGAN			MD.
11 50	1	ITY OR TOWN OF DEA UMBERLAND			CH FACILITY, GIVE STREET		C OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO CELANES	OR MOST OF WORKIN		VIND OF BUUSTRY TEXT	USINESS OR
135	13a. S	AL RESIDENCE (IF NURS STATE RYLAND	136 COUN		136. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS			5.25
\$2 B	14 F/	ATHER'S NAME	A	NODLE	LAST		15. MOTHER'S MAIDEN NA		WIODLE	-	1241	
#1 a10		WILLIAM	B		McGE	CE	ETHEL		MIOOLE	S	MITH	
odical		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	The De	ADDRESS			
Poge medi	1	NO	(IF YES, GIVE	WAR OR DATES	220-10-1	1209	DONALD SHILL	INGBURG	.CUMBER	LAND,	MD	
ed by the attending physici flease remace carbon paper tial, cremation, ar remacal ar ather traumatic event, th		18. CAUSE OF DEAT PART I. DEATH W 3 4 40 Conditions, if ony, gove rise to imm couse (o), stolin underlying couse	MMEDIATE which mediate g the lost.	DUE TO, O DUE TO, O (b) DUE TO, O (c)	R AS A CONSEG R AS A CONSEO	UENCE OF LUNCE OF LUNCE OF	à plegio de t		-		APPROXIMATI	ET AND DEATH
Then p to bur injury,	Z	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS C	been to	Mo fo	NOT RELATED TO THE TERM	IN AL DISEASE C	OR CONDITION	GIVEN IN F	'ARI I(o	
ows ony	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPS	SY? 20b. IF		FINDINGS AUSES OF	
frem 18 sho		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEAT	P.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATUR	RE OF INJURY IN ITEM	18, PART 1 OR	PART 2)	
sh and Marked ar	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WO			OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC }	211 LOCATION STREET	(CITY OR TOWN	COL	UNTY	STATE
of Healt		22a 1 certify that (1) saw the decease above, (1) (we) (s	ed olive on_		19		nd that in (my) (our) apinion	death occurred o	on the date and	hour and fr		t (I) (we) lost ses stoted
defoched tote Dept.	1	22b. SIGNATURE	letter			H	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22	c DATE SIG	6/81
Store		22d. PHYSICIATE	TAME (TYPE OF	PRINT)	N.H.Kan	11/han	22e. ADDRESS				,	1

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

4 FUNERAL DIRECTOR 230 BALTIMORE AVENUE LEASURE STEIN FUNERAL HOME, INC. CUMBERIAND, MD 24 FUNERAL DIRECTOR

10-7-1981

23b. DATE

DR. SHAN A. NATHAN

230. BURIAL, CREMATION, REMOVAL SPECIFY BURIAL

23d LOCATION
WESTERN PORT ALLEGANY

MEMORIAL HOSPITAL MEDICAL BUILDING

- HELEGE - M. C. SHILLINGWOOD CUNDERLAND MENORING HORSELAND DE. SERN A. LETHAU AND STORE LAW TOST TAL HEDITAL BURNING A CHARLE AND THE STATE OF THE S

	L	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 1	2 NO.	5 0	3 8
		CEASED NAME E OR PRINT)	FIRST	IL ENT	WIDDIE	i.	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR P
10	_		AUL		URRAY		CLIFF	OCTOBER		181	6:50
N)		ale		4. RACE White		Sept	. 23°, 1910°	6. AGE (IN YEARS LAST I	BIRTHDAY)	ONTHS DATS	HOURS MIN
186	Ke	IRTHPLACE (STATE OF		76 CITIZEN O USA	F WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Allegany	OR COUNTY	OF DEATH	
50	c	UMBERLAN		11. NAME O	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET ORIAL HO	OSPIT	R OTHER INSTITUTION	Owner-S to		12b. KIND	of BUSINESS O
31	13 M	AL RESIDENCE (IF NUI		gany	Cumber1		134 INSIDE CITY LIMITS?	711 Montg	omery A	lve.	
11 M	14. F/	ATHER'S NAME		MIDDLE S	hireliff		Alice	Harris	on	t/	AST
e medio		MAS DECEASED EVE S. NO OR UNKNOWN)		VE WAR OR DATES	A SOCIAL SECU	irity no.	Mr. Paul (Ga		iff Cur	berla	nd, Md.
aric viril		PART I. DEATH		nly one couse ED BY: TE CAUSE (o)	gratega	um	my Aprix		Di	BETWEEN	XMATE INTERVAL LONSET AND DEATH
ury, or other troumatic	Z	Conditions, if any gave rise to in couse (a), statu underlying cous	y, which imediate any the elast.	DUE TO,	OR AS A COMP	AT L	MANUA - JAL MOT ELATED TO THE TERM	ATTITICAL OF	Willy	1	
ws any injury, or other troumatic	IFICATION	Conditions, if any gave rise to in couse (a), statu underlying cous	y, which mediate ing the e lost.	DUE TO DUE TO, (c) CONDITIONS	OR AS A CONTRIBUTING TO D			20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	NGS USED S OF DEATH?
y inju	MEDICAL CERTIFICATION	Conditions, if any gove rise to im couse (a), statu underlying couse PART 2 OTHER SIG	MMEDIA y, which mediate ng the e lost. SNIFICANT (ATION ATION ATION CAUSE OF DEVICAL EXAMINER RRED MHILE ORK (this hospi sed alive on	DUE TO, DUE TO, (c)_ CONDITIONS (3) 21b. TIME HOUR / 21c PLACE (AT HOME S)	OF INJURY A.M. MONTH DA P.M. E OF INJURY E OF INJURY E RECTORY, OFFICE, F	OPERATION AY YEAR 19 ARM ETC.	21c. HOW INJURY OCCURI 21f. LOCATION STREET 19	200 AUTOPSY? YES NO RED (ENTERNATURE OF IN.	20b. IF YES, IN CERTIFY YES	WERE FIND VING CAUSE (COUNTY)	NGS USED S OF DEATH? NO [] STATE that (I) (we) locations are stated.
shows any injury, or		Conditions, if any gove rise to im couse (a), statunderlying cous PART 2 OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING [] (IF ETHER NOTHY MED 21d INJURY OCCUR 11 to 11 to 1 to 1 to 1 to 1 to 1 to 1	MMEDIA y, which neediote ng the e lost. ATION AT	DUE TO, DUE TO, (c)_ CONDITIONS (3) 21b. TIME HOUR / 21c PLACE (AT HOME S)	OF INJURY A.M. MONTH DA P.M. E OF INJURY E OF INJURY E RECTORY, OFFICE, F	OPERATION AY YEAR 19 ARM ETC.	21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO MED (ENTERNATURE OF IN.	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA	WERE FIND VING CAUSE (COUNTY)	INGS USED S OF DEATH? NO STATE

BP. DHMH - 16 50M 1/81

James of Scarpelli, Cumberland, Md. (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Burial

MEMORIAL HOSPITAL MEDICAL BUILDING Cumberland Oct. 10, 1981 Hillcrest Burial

Allegany 250 OCTO 3 R1981 PAEGISTRA SSIGNATION Thathen

9,58 Acres, M.V., Errox 17. 1 Cynoi- tore lothin ev gooto 11 mainda mainda angle norima anife Aliforia r. and rey offroliff two orland, id. with the variable of the second of the secon damen . Compolit, tumberland, . d.

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. N	f~ 10.	5	3 9
. 66		CEASED NAME FIRST	A	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
2 1		WILLIA		ICHAEL		ELLEY	OCTOBER	30,	1981	1:00 4
age 4 me		fale	White		Aug Aug	B, DA 1923 YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATS	HOURS MIN.
neral du 72 hot	7a. B	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	NEVER MARRIED	9 BALTIMORE CITY O			M
by the fu	Cı	ITY OR TOWN OF DEATH 1mberland	SACR	ED HEAR	G HOME (ADDRESS) T HO	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	17h KIND C	Employee
filled in hould be	13a :	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY)	VTY	13c. CITY OR TOWN Cumberla	N	13d. INSIDE CITY LIMITS? YES X NO 1	13e STREET ADDRESS 312 Grand	Ave.	Cumberl	and, Md
ompletely ond 2 s			chael	Skelle	y	15. MOTHER'S MAIDEN NA	Grant		LAS	51
sician and co	(MED FORCES? E WAR OR DATES) L Army	166 SOCIAL SECU	RITY NO.	Mr. Terry Sk	elley (Son)		erland,	Md.
vires that the death certifical igned by the attending phys on please remove carbon pop burial, cremation, ar remove ury, ar ather traumatic event,	7	Conditions, if ony, which gove rise to immediate couse ol, stating the underlying couse last	DUE TO, OF		NCE OF		dial Ly y Disea MINAL DISEASE OR COM	Parch 20 IDITION GI		D.
has been series permit. The ene prior to ows any injur	ERTIFICATION	19a. DATE OF OPERATION	19 CONDI	TION FOR WHICH		WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	NGS USED OF DEATH?
YSICIAN: The ding physicial secretificate by surial-transit. Mental Hygie for them 18 sharing	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	1111	M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR				
NG PH	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
ATTEND aspital a CTOR: A d for use t. of Hea		22a.1 certify that (1) (this hospi saw the deceased alive an abave, (1) (we) (did) (dig ha		19		nd that in (my) (our) opinion	death accurred on the d	ote and ha		that (1) (we) last causes stated
by the hos by the hos IERAL DIREC se defoched State Dept.		22b. SIGNATURE	enty,	m.D		DEGREE ATTENDING PHYSICIAN	ANDICAL STA	FF CIAN 🗌	22c DATE	SIGNED
ro Hospital etoined by 1 TO Funeral should be det with the State		JOHN B. MEH		M.D.		909-B SETO	N DRIVE,	CUMB	ERLAND	2150: ,MD
BP		URIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE	23c N		emetery or crematory dale Cremator	23d LOCATION		COUNTY	W.Va.

DHMH - 16 50M 1/81 (VRA 15, 4)

Cremation Oct. 31, 1981 Rosedale Crematory Mail FUNERAL DIRECTOR 108 VIRGINIA AVE 15 PATE RECTOR SCARPELLI FUNERAL HOMECUMBERLAND, MD 21502

· Ofter YOUR TEACHING THE STATE OF THE TAGRED MEAST POSEITAL. .bi free dimer ove man fifth it x bestrefant variable bushan freeless to transit tention forth forder The Architecture (most traffects care DECOMMENDED OF THE PROPERTY OF Legation (Activity Losedale remeat) Lastinature (Activity Losedale) STATES I. I PHARES MANERALANDS AND STREET AND STREET

	FOR			TE OF MARYLAND HEALTH AND MENTAL HY	GIENE	25040
h	- STATE REGIST	RAR		VER'S CERTIFICATE OF		10
/ /	1. DECEASED	NAME FIRST	MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 26. HOUR
요즘다.	(TYPE OR PRIN	Ernes	t Koy	Slider	OF ESTI- DEATH MATED (10 21,0 81 6:50
12050	3. SEX	he) M	DATE OF BIRTH PARTY LAST BIRTH	EARS IF UNDER 1 YR. IF UNDER 24 DAY) MONTHS DAYS HOURS (RS.	4 HRS. 24. DATE MIN. PRONOUNCED DEAD	10 21 198 6.35A
· 100 5	70. BIRTHPLA FOREIGN CO	DUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 11/	OR COUNTY OF DEATH
DELAY IS 3 TO THE N PAGE 201, 201	Cun	nberland	NAME OF HOSPITAL, NURSING HOM (IF NOT ITS CHEACHITY, GIVE STREET ADDRESS)	1 Hospital	20 USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	Kelly Tire
21201 F ANY D AND 3 RETAIN HOULD	USUAL RESID	ENCE (IF IN NURSING HOME OR OTI 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE REFORE ADMISS 130 CITY OF TOWN 130 CITY OF TOWN	. \$13d. INSIDE CITY LIMITS? 11	30. STREET ADDRESS	7
DRE, MD. DEATH. IF GES 1, 2, M. PM. 3. AND 2 SI OFVITAL	14. FATHER'S	harles "	DDLE Slide	15. MOTHER'S MAIDEN	NAME MIDDLE	TWISE
BALTIMORE, S. AFTER DEA GIVE PAGES GIVE PAGES I ANI PAGES I ANI MISION OF A	16a. WAS DE	CEASED EVER IN U.S. ARMED RUNKNOWN) (JF YES, GIVE WAR		9215 Laughte	r Rt-	old Town
ISTON ST., N 24 HOUR N 176M 18. NITEM 18. SIT PERMIT. HYGIENE, D	4	IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE		most 1	Probably APPROXIMATE INTERVAL SET WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRE S CERTIFICATE SHOULD BE EXECUTED WITHI RITING THE WORD."PENDING". IN PENCIL I ROED TO THE CHIFF MEDICAL EXAMINER BY 3 SHOULD BE USED AS A BURIAL. TRANS EDEPARTMENT OF HEALTH AND MENTAL I OI PRIOR TO BURIAL, CREMATION, OR REA	ly ly	ave rise to immediate ause (a) stating the <u>under-</u> ing cause last.	DUE TO, OR AS A CONSEQUENCE			
ORD MEEXI DDICA THAB EEMA		DIHER SIGNIFICANT CONDITIONS CONT	<u>RIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
F VITAL RECOR	19a D.	ATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY? YES □ NO □
CRITICATE SHO TING THE WORD TING THE WORD TING THE WORD SHOULD BE US DEPARTMENT OF I PRIOR TO BURLA	UNDE	TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA TH P.M. 19	R 21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 1	
DIVISION THIS CERTIFICATION WRATED AGE 3 SHO FATE DEPAR	21d. IN WHILE AT W	UURY OCCURRED NOT WHILE ORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
EXAMINER: CERTIFICATE DILD DE FORE WITH THE S	deatl	a I certify that I taak charge of h resulted fram: Natural c	the remains described above, held an auses , Accident , S	Autopsy , Inspection vicide , Hamicide , TITLE (SPECIFY)	Undetermined manner	DATE OCT-21-81
MEDICAL SCUTE THE SE 4 SHOI FUNERAL ITIMORE, I	EXAM		cisco Reys	ADDRESS	THE PICAL ENAMINER	SIGNED
BB PATE A	23a. BURIAL, (REMATION, REMOVAL 236. C		METERY OR CREMATORY est Burial Pa	23d LOCATION CITY OR TOWN CK Cumberla	COUNTY STATE
DHMH - 17 (VR A15 ME (5))	24 FUNERAL NAME		er, Jr. LaVale,	MD 21502 UCT 1	207841989RAP	is the second forth

Mary Land Aller and Aller and Aller Andrew M. Cartel Cuberland with Labour Burnet Burnet Bart Cuberland Labour A CENTRAL CONTRACTOR OF THE STREET OF THE STREET

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Allegany 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130. 91 Broadway Frostburg Antoll Granisich Rd. LaVale Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISA SE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 48 Tarn Terrace Frostburg Buriak Fbg. Memorial Park Frostburg Allegany Md 24 FUNERAL DIRECTOR Frost Ave. Frostburg, Maryland Durst Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

3:45

	10 - 22 at	24 17	To devi	ons
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		fag frigoti	Stransmid Community	Fros thurd for
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	÷
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	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1 2 5 0 4 2				
nay be page 3		ECEASED NAME FIRST PE OR PRINT) PAUL	C. SN	IECKENBERGER	OCTOBER 19,1981 12:30P				
4 may tar. pag	3. S	EX Male	RACE White	5. DATE OF BIRTH Feb. 15, 1900	6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
er deeth. Po	7 a.	BIRTHPLACE (STATE OF FOREIGN) COUNTRY) Maryland	U.S.A.	8 MARRIED NEVER MARRIED NUMBER MARRIED NOVEL NOV	9 BALTIMORE CITY OR COUNTY OF DEATH Allegany County				
O Company	(UMBERLAND	"MEMORT'A LIVE SHO		178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NEVER WORK FOR MOST OF WORKING LIFE)				
within 24 hau etely filled in d 2 shauld be	13a.	JAL RESIDENCE (IF NURSING HOME OR C STATE 13b COUN Aryland Alle	other institution give residence before ty carry Cumber L	ADMISSION) N 13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS P.O. Box 1722 Country Club Road				
ampletely ond 2 si	14.1		bert Sneckenbe	9	Ann Herbert LAST				
on and co	160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE NO	AED FORCES? 16b. SOCIAL SECU WAR OR DATES)	Violet M. Sn	ADDRESS 620 Northern Ave. eckenberger Hagerstown, Md.				
equires that the death certifica n signed by the attending phys Then please remave carbon pag r to burial, cremation, ar remave injury, or ather traumatic event,	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	INCE OF THE OF	APPROXIMATE INTERNAL AND MAIN BETWEEN ONSET AND MAIN WELLS INAL DISEASE OR CONDITION GIVEN IN PART Ito:				
The law recian. e has been sit permit. I giene priar haws any ii.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES				
ATTENDING PHYSICIAN: T spirol or attending physici CTOR: After this certificate for use as the burial-transis of Health and Merial Hygi 121 is marked or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEAT OF THE PROPERTY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21 MCDB. 126.1 CELLIFY THAT	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY)	19 21f. LOCATION	ED (ENTERNATURE OF INJUNION IN ITEM IB. PART 1 OR PART 2) STATE To the course of the date and hour and from the causes noted				
TO HOSPITAL OR A retained by the had TO FUNERAL DIRECTOR Should be detached with the State Dept.		THE PHYSICIAN'S NAME THE OR	Annual S	CUM	MEDICAL STAFF 10 19 81 ORIAL HOSPITAL MED BLDG., BERLAND, MARYLAND 21502				
BP	-	BURIAL, CREMATION, REMOVAL BUT al	10/21/81 Br	oadfording Cemeter	22000000				
DHMH - 16 50M 1/B1 (VRA 15, 4)		N. K. Coffman Fur	neral Home, Tric.	Hagerstown, 25a DATE	2.8 1981				

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Stafford ESTI-Bell. OF DEATH MATED 19 87 3 SEX 4 RACE 5. DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR. IF LUNDER 24 HRS YEAR 2d. HOUR DATE V. PRESTON STR 81 BIRTHDAY) PRONOUNCED White Female DEAD 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED County USA Allegany WIDOWED T DIVORCED FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN 9 TO THE FULL OR PAGES 1, 2, AND 3 TO THE FULL OR PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, VINESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W., ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS RUE NOT H SUCH TOTO THE STMEND PRESS IN THE PRIME LIFE HORRING LIFE Cumberland USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 113b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Irons Mountain Maryland Allegany Cumberland NO M 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST Hite Victoria Sanford Rice IAM WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Anna Turner Rt. 4. Irons Mountain 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac Arrhythmia IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Natural causes Hamicide Undetermined manner SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo Sacred Heart Hospital, Cumberland, Md. (TYPE OR PRINT) ADDRESS Cumberland Allegary Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE OCT. 123. NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery BP OCT 8 1981 24 FUNERAL DIRECTOR **DHMH-17** F. Scarpelli. Cumberland (VR A15 ME (5)) 15M 2/80

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			CEASED NAME	FIRST	Leonar	MODIE	1	LAST		2	a DATE OF DEATH		DAY YEAR	2b. HOUR
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Georg	17 30		Maryland	7/15	USA			OWED				OUNTY,	MD	
ě		10 C	10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			HER INSTITUTION		TYPE OF WORK FOR MOST	ION OF WORKING	126. KIND	OF BUSINESS OR	
201	A SE SE	Cumberland			SACRED HEART HOSPITAL			TAL	,	Presiden	t-Ow	ner Or	chard	
24 ho	and be	130	AL RESIDENCE (IF NURSIN STATE	36 COUN	other institution TY egany	13c. CITY OF		113d	NSIDE CITY LIMIT	TS? 13	Rt. 9, B	ox 3	35 Chr:	istie Rd.
RYLA orthin	2 st 2	14. FA	THER'S NAME						OTHER'S MAIDE	NNAME				
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OF VIT.	ol-tronsintol Hygen 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEAT		OF INJURY M. MONTH	H DAY Y	'EAR 21t.	HOW INJURY OC	CURRED	(ENTER NATURE OF INA	JRY IN ITEM 18	PART 1 OR PART 2)	
IVISION IG PHYS ottending	s the bur ond Me	MEDICAL	214 INJURY OCCURRE	D	21e. PLACE	OF INJURY REET, FACTORY, C	OFFICE, FARM, ET	211	LOCATION		CITY OR TO	NWN	COUNTY	STATE
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O HO	should be with the S		BRADDOCK			GROUP					RIVE, CU	MBER	LAND,	MARYLAN
		23a 8	URIAL, CREMATION, RE	MOVAL	23b. DATE				RY OR CREMATO	ORY	23d. LOCATION		COUNTY	STATE
BP_			Burial		11-2		St.	Mary	s Cem.		Cumberl	and	Aller	ana MD
	6 50M 1/81 15, 4)		INERAL DIRECTOR NAME CARPELLI	FUNI	ERAL H	OME C	UMBER	RGINI RLAND	A AVE	NOV	5 1981	PANE	STRAP'S SIGNA	Waste

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4	1.	FOR STATE REGISTRAR		DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	5 0	4 5		
		CEASED NAME	FIRST	WIDDLE	LAST		DAY YEAR	2h HOUR		
nay be page 3 er death		OR PRINT)	LLOY	D SAMUE	L STURTZ	OCTOBER 6,	1981	1:00A		
mo crez. po	3 SE	Male		Cau.	5. DATE OF BIRTH 7/14/1900 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 81	MONTHS DAYS	IF UNDER 24 HRS		
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IMORE, A e execute on and can Pages 1 c	14- 1	AS DECEASED EVER IN	VU.S. AR	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 168 03	URITY NO 17 INFORMANT	ADDRESS ys Witt, Weller				
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours contending physician. With this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled in by as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled in by and Mental Hygiene prior to burial, cremation, or removal.	7	PART I. DEATH WA	MMEDIA which ediate the	DUE TO, OR AS A CONSEQU	du resp. a	vest septremia	BETWEEN	MATE INTERVAL DISET AND DEATH		
ITAL RECORDS, 201 The law requires the ficial and the has been signed asit permit. Then pleading giene prior to burnal shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNI O POPURATION	ru	2 lonam So	DEATH BUT NOT RELATED TO THE TER MODERATION WAS PERFORMED	200, AUTOPSY? 20b. IF YES	S, WERE FINDING CAUSES	H desal		
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NR ATTENDI hospital or infector is thed for use isht of Heal tem 21 is mail		220.1 certify that the	this hospi	w) view the body ofter death.	DEGREE	n death accurred on the date and hou	19 St			
TO HOSPITAL or retained by the TO FUNERAL D should be detected with the State D IMPORTANT: If		DR. SHAL	VA.	NATHAN	22e ADDRESS MEI	MORIAL HOSPITAL MBERLAND, MARY				
BP		URIAL CREMATION, R SPECIFY) Burial	EMOVAL		NAME OF CEMETERY OR CREMATORY Cooks Cemetery	Wellersburg,		STATE		
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	arvey H.	Zei	gler Funeradess	Home, Hyndman 250	CT 1 BY REGISTRAR 256. DESIST	RAPS SCHAFF	bound		

A Reserved As Birth A. 188 of 199 To buy as the Community L. M. Lat George

FOR

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR			DICAL	MENT OF	HEALTH	CERTIFIC	D NTAL HYG ATE OF [DEATH	REG.	_	5 0 4	17
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800	10. CI	TY OR TOWN (OF DEATH	Warrior				IER INSTITUTI	ION R	etimed	CUPATION (tal	nployees	BUSINESS
IE, DIVISION OCKITAL RECORDS (201 W.)	USUA 13a. S	AL RESIDENCE (IF IN NURSING HOME O	PROTHER INSTITUTION, G		PER ADMISS		13d. INSIDE (ITY	Y LIMITS?	STREET AD	ox 175	5-Ford	s Cross	ing
510	Bri	THER'S NAME	Verno	n MIDDLE	Tw	igg		Birdi	MAIDEN N	1et	-Gowgi	111	LAST	
1	160. WAS DECEASED EVER IN U.S. AI WES NO. OR UNKNOWN) 18. CAUSE OF DEATH (Entero PART I DEATH WAS CAUSI			WERDR DATES)			Kenneth Butts-Cumberland, Md.			. Step	-Son			
BUSED AS A BURIAL - TRANSIT FERMIT. IT OF HEATH AND MENTAL HYGIENE, DISURIAL, CREMATION, OR REMOVAL.	NOI	gave risi cause (a) lying caus	Conditions, if ony, which gove rise to immediate (b) Couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c) 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
BE USED AT OF HE BURIAL,	CERTIFICATION	19a. DATE OF	OPERATION L CAUSE WAS	19b, CONDI		WHICH OPE		'AS PERFORM					20 AUTOPS	Y?
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TAGE & SHOULD BE CANANAGED IN THE CONTROL OF THE PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		deoth resulte	d fram: Notu	ge of the remains der rol couses (X), authority ancisco Re	Acciden		Autap picide	Homicio	is utig	Indetermined MEDICAL EX	manner	and in my a], DATE SIGN	ed Oct-	24-81
TO ME EXECUT PAGE 1 TO FUN AFTER I BALTIM	23a.Bl	(TYPE OR PRIN	(T)	23b DATE 10-27-81			METERY C	ADDRESS			alsh F		mberlan	d Md.
DHMH-17 (VR A15 ME (5)) 15M 2/80				lli, cûmb					So. DATE REC					Ew .

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IMPORTANT: If Item 21 is marked at Item 1B strows any

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	6	3 U	4 7		
		CEASED NAME FRST	MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	26. HOUR PM		
		PEARL	ELIZABI	FIH WHIT	ACRE	OCTOBER :	30, 19	981	5:45 M		
	3. SE		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HRS		
		Female	White	Nov	. 14,1897	83	YRS.	ORINS DATS	HOORS MIN.		
5	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY C		NTY OF DEATH			
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5	13a. S		VTY 13c_CIT	DENCE BEFORE ADMISSION) Y OR TOWN esaptown	13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS Route 6, E	ox 387				
7	14 FA	ATHER'S NAME FIRST Edward	Phipps	LAST	15 MOTHER'S MAIDEN NAME Elizabet	h Gurtler		LASI			
1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDR					
		YES, NO OR UNKNOWN) (IF YES, GIV	^		Mrs. Regina l	Monahan, Gr	esapto	wn. Md.	.Daughte:		
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4	RTIFIC					YES 🗆 🗡	IN CERTIFY YES	ING CAUSES	OF DEATH?		
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1		22d. PHYSICIAN'S NAME ITYPE C	DR PRINT		PHYSICIAN DIRECTOR PHYSICIAN 1						
		DR. W. GUY	FISCUS			IOSPITAL N	MEDICA	L BUI	LDING		
	23a, B	BURIAL, CREMATION, EMOVAL	236 DATE 11-3-1981		EMETERY OR CREMATORY Memorial Ceme	23d LOCATION CITY OR TOWN TERY Cum	perland	COUNTY Alleg	state		
	24 FL	UNERAL DIRECTOR NAME James F. S	carpelli,Cu		25a DATI	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	JRE		
	_						September 1		4		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO).	
	PECRASED NAME FIRST PE OR PRINT) RAY	MOND J.	WHITE	LAST		28, 1981	26 HOUR 0750A
	Male	White		OF BIRTH 14, DAY 1897	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HR HOURS MIN
Bai	mberland, Md.	USA	MARRIE		Allegany		٨
CUI	MBERLAND, MD	(IF NOT IN SUCH FACILITY, MEM)	ORTAL HO		Retired Mac		road
Ma Ma	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COL aryland Alle	INTY 13c. CITY	pence before admission) Y OR TOWN perland	134 INSIDE CITY LIMITS?	13e STREET ADDRESS Rt. 4. Box	171 Mexico	Farms
The	omas FIRST W.	MIDDLE Whit	e ^{AST}	Saphrofila	P. MIDDLE	Liller	i1
160	WAS DECEASED EVER IN U.S. A		05-5255	Mrs. Dora Mos	ss (Daughter		d, Md.
	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF	metostoli 7	Luny	3	imate intérval Onset and deati
-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 10	D
TIFICATION				T NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FINDIN CERTIFYING CAUSES	NGS USED
ICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINI	21b. TIME OF INJURY HOUR A.M. MO P.M.	OR WHICH OPERATION ON THE DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY?	206 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OFFETHER NOTHER MEDICAL EXAMINI 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTO	OR WHICH OPERATION ONTH DAY YEAR 19 RY RY, OFFICE FARM ETC.)	211. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES YEN 11EM 18 PART 1 OR PART 2) YN COUNTY	NGS USED OF DEATH? NO
	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OF ETIMER, NOTHER MEDICAL EXAMINI 21d. INJURY OCCURRED AT WORK AND ON WHITE AT WORK 220.1 certify tho (1) his hosp	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTO	OR WHICH OPERATION ONTH DAY YEAR 19 RY OFFICE FARM ETC.) ed from	211. LOCATION STREET	200 AUTOPSY? YES NO CENTER NATURE OF INJUR CITY OR TOV	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 12 Y IN ITEM 18 PART 1 OR PART 2) VN COUNTY 19	NGS USED OF DEATH? NO STATE that (1) we) lo

BP

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BUT1811

23b. DATE Oct. 31, 1981 Sunset Memorial

23d LOCATION Cumberland Allegany

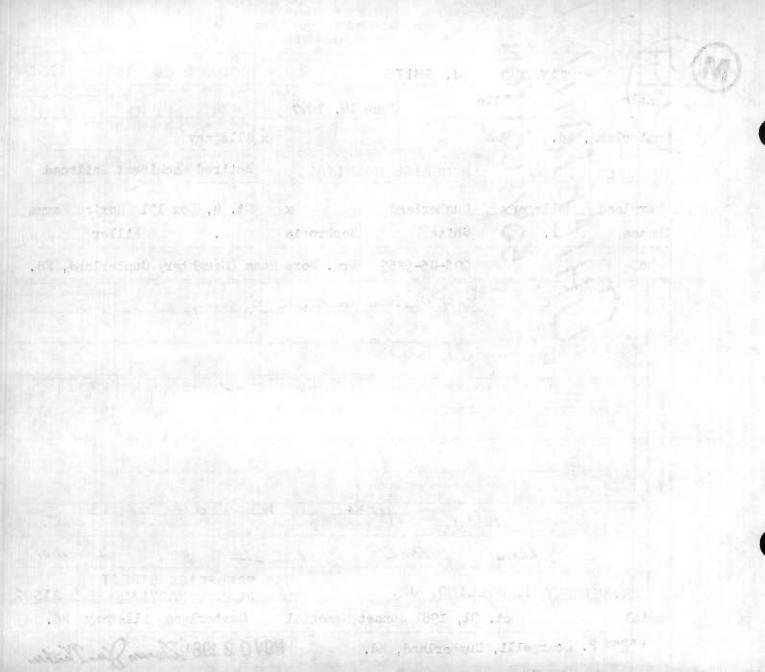
NOVO 2 1981 Brances Lan Th

Scarpelli, Cumberland, Md.

BOLLINO

DHMH - 16 50M 1/B1

MPORTANT: If Hem 21 is



1	FOR 1 - STATE			DEPARTME	STATE OF	MARYLAI TH AND M		YGIENE	2 5	0 5 1	
6	REGIST				AMINER'S		CATEO	FDEATH	REG. NO.		
	T. DECEASED		T	MIDDLE		LAST		20. DATE KNO	T1.	15-81 0700	OUR
2848	011	Olla Naomi Whiteman DEATH MATED 🔀 10-									M
25 E 7	SEX	4. RACE	5. DATE OF BIRTH			UNDER 1 YR.	IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCE	HTMOM	DAY YEAR 2d H	
ME SEE	F	Cau	11-13-18		81 YRS.		III O	DEAD	10-15-8	17	h
SEX SEE	70 BIRTHPLA	CE (STATE OR	76. CITIZEN OF WE		MA	RRIED NE	VER MARRI	ED 🔲	CITY OR COUN	TY OF DEATH	
P S S S S S S S S S S S S S S S S S S S		Ma	U.S			OWED 🛣	DIVORCE				MD.
25 m + 101 m	ID. CITY OR T	OWN OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA			THER INSTITU	NOIT	120. USUAL OCCUPATION MOST OF WORKING HOUSEWI	ON (TYPE OF WORK	12b. KIND OF BUSINES OR INDUSTRY	S
DELAY 3 TO TH IN PAG 205 20	Lona	coning	OME OR OTHER INSTITUTION, GI	Beech	wood S	treet		Housewi.	re		
ANY DANY DANY DANY DANY DANY DANY DANY D	USUAL RESID	13b CC	DUNTY	13c. CITY OF	DRE ADMISSION)	13d. INSIDE C	CITY LIMITS?	13e STREET ADDRESS 29 Beech			
H. IF AN N. 3. AN N. 3. SHOIL STALE FECTOR	Md.		Allegany	Lon	aconing	YES 🗌	NO 🗌	29 Beech	wood		
H. II. 2, 3, 3, 3, 2, 5, 2, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	14. FATHER'S		MIDDLE	LAST		15. MOTH	ER'S MAIDE	N NAME MIDDLE		LAST	
DEATH.		lliam		Durs	t	Ro	getta	a	Duc	kworth	
PACE STORY	16a. WAS DEC (YES, NO, OF	LEASED EVER IN U.S	. ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL	SECURITY NO.	17. INFOR		Shuhart	DDRESS Bart	on. Md.	
S AF SINE TH PAG VISIO		110				LIT D.	itu tii	Siluitai	part		
DUR 18. (18. CA	USE OF DEATH (Ente	r only ane cause per line							APPROXIMATE INTERV. BETWEEN ONSET AND DI	AL EATH
PRESTON ST., BALTIMORE, THIN 24 HOURS AFTER DEAS THE NITEM 18. GIVE PAGES THE ALONG WITH FORM PAGEN IN PROBIT PREMIT PAGES I AN ALHYGIENE, DIVISION OF PAGEN PAGEN IN PAGENT IN PAGEN I	0		DIATE CAUSE (o) C.		lead Inj	ury				18-19 hrs	_
IN 2 IN 2 IN 2 IN 3 IT 1 IN 3 IT 1 IN 3 IT 1	7 0	anditions, if any, w	high	AS A CONSE							
WITH SAN RAN RE RE RE RE	- 90	ave rise to immed	liate (b) Fa	all at					200		
201 W. UTED W EXAMI EXAMI ON, OR		iuse (a) stating the <u>un</u> ing couse last.	DUE TO, OR	AS A CONSE	QUENCE OF						
EXECUTED ING. IN PRICAL EXAMPLE A BURIAL - H AND MEI WATION, O			(c)								_
A BELANDER		OTNER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITIO	ON GIVEN IN PAR	RT 1 (a).			
LD BE EXECTED BE EXECTED BE EXECTED BY A BUILD BY A BUI	VI 19a. DA	al Valve		IONI FOR WILL	ICII OBERATION	LIVE DEBEOF	BALEDO			In the same	
SHOULD ORD "PE CHIEF A E USED A TOF HE	S 190. D/	ATE OF OPERATION	196. CONDI	ION FOR WH	ICH OPERATION	I WAS PERFOR	KMED?			20 AUTOPSY?	-
SE CHARLES	210 EY	TERNAL CAUSE WA	S 21b. TIME OF	INITIDY	Inte	HOW/INITIBLE	V OCCUPRE	D (ENTER NATURE OF INJURY	N. ITT. 4 10 D. D. T. 1 00 D	YES NO	
SHEEP 2		RLYING TOR	HOUR A.M	MONTH D	AY YEAR					ARI 2)	
SAR SON		RIBUTING CAUSE		L30hrs	10-14-8	L Pati	ient f	ell at home	2		
S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	WHILE		C200000 5.450	ORY, FARM, ETC.)		STREET		CITY OR TOWN	d= 0 111	OUNTY ST	TATE
WR WR PAGE	AT W	ORK AT WORK	x home	<u>e</u>		9 Beech	nwood	St. Lonacor	ing Alle	egany rid.	
NO SES	220	I certify that I toak c	harge of the remains des	cribed obove,	held on Au	tapsy,	Inspection	n X Inquiry K	, and in my o	pinion	
NA FIRE STEAM	death	resulted fram	Natural causes,	Accident 3	, Suicide	, Home	ıcıde	Undetermined manne	r .		
PIP DIE	ACTU	1				TITLE (SPECIFY)		0.475		
¥#5¥£# —	SIGNA		eur	y-		M.D. As	sist.	MEDICAL EXAMINE	R SIGN	ED 10-15-81	
MONEY STEEL	FXAM	NER'S NAME	V								
TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, M	(TYPE	OR PRINT)P	aul Snow, M					al Hospital			
202749	(SPECIFY)	REMATION, REMOV			ME OF CEMETER	Y OR CREMAT	ORY	23d. LOCATION CITY OR TOWN	COL	JNTY STATE	
BP		rial	10/18/8	1 La	urel H	ill Ce	mete		Λ	DM Md	
DHMH-17	24 FUNERAL NAME		ADDRESS				DATE R	A O 4004	SB. KEGISTRAR'S	on A	
(VR A15 ME (5))	Ej	chhorn I	Tuneral Ho	me I	onacon	ing. N	TOUL I	1 9 1901 CV	free G	in larther	

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		FOR	DEPAR	STATE OF MARYLAND THEALTH AND MENTAL HY	GIENE 8 1	25052
	1.	STATE REGISTRAR	es F	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
)		Jan	ies J.	Wilson	10 -	11-81 1100 PM
	3. SE.	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	7- 01	male	White	10 22 03	7110	
2 2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
0	10 C	TY OR TOWN OF DEATH	Carrier and and from	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION 6	MD. 12b. KIND OF BUSINESS OR
51	F	rostburg	(IF NOT IN SUCH FACILITY, GIVE STRI		(TYPE OF WORK FOR MOST OF WORKING	
and Day	USU. 13a. S	STATE 136 COUR	1112	WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	<
ne ne	14. FA	THER'S MAME	egany Weste	YES NO I	AME - LAND	21.
10		Sames	MIDDLE	SON PIRST M	MIDDLE TO	La Vale
000		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRESS	NOW THE PROPERTY OF THE PROPER
	(YES, NO (PENKNOWN) (IF YES, GI	ASE-0	7-8113 Lois Bae	Nett R.N. La	Vale, md.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b)	and icit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (o)	espirating factur	(minudial
		9280	DUE TO, OR AS A CONSEC	11		Adame
5		Conditions, if ony, which gove rise to immediate couse to, stating the	(b)	Phelimona		- Lacing's
		underlying couse lost	DUE TO, OR AS A CONSEQ	origestive heart	failure	years
bry. o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEPATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION O	EIVEN IN PART 100
_	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED
2	TIFIC					TIFYING CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
1	CAL	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM ETC) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
		AT WORK AT WORK		10-6 10-81	10 - 11	21
		sow the deceased alive on	to ottended the deceased from	01	deoth occurred on the date and h	, 19, thot we lost
		obove (1) (did) (did)	New the body after death.	DEGREE	The date of the training of th	22c. DATE SIGNED
		Scott H.	Wood	m ATTENDING	MEDICAL STAFF	10-11-81
7		228 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		110 11 01
		Scott H.	Wood	Baltimore,	Maryland	
		URIAL, ENEMATION, REMOVAL	23b DATE 23.	NAME OF CEMETERY OR CREMATORY	THE FOCUTION	Love like
	24 FL	DUT COL	110-11-01	Philos Cemeren	WESTELDS	Orl All Con-
31		NAM Boal Fue	Secul Secule	Pa Western Dol M	PI T # 1381 12	
Ŀ	-	00001 101	17. 30, 30, 110	T. SCOCH WILLIAM		

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Silcox-Merritt Funeral Service Cumberland Md

Maria tact a masorial and Marian effective to the section of the sect and the state of t respection of the series of th eo til a section to to? Strate-13 wheat . Yearer loude, lexisland THE RESIDENCE BUILDING CINCALIBURA, NO. 21102 a compared the second region that the first open over the control of the el co. - lorri de l'un red l'estrace. Dumber and, de l'étale de l'étale de l'étale de l'estale de l'estale de